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Original Communications.

Some Historical Sketches.

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History is the embodiment in detail of the life and activities of men and women of each successive generation, whether it be emperor, king or queen or warrior or poet or scholar or any or all who shape and mould the course of human activities. To each generation the preservation of such records becomes a duty as it illuminates the pathway of human life and forms the basis of future development. Every calling has its records and its history, and it is ours in the sphere of medical life to briefly trace through the lives of men whose work has been finished what has been their part in the aggregation of forces to bring about the results that show a system unequaled in many respects for the preservation of human life in our commonwealth.

In passing I may say that on January 23, 1876, ten of us, members of the profession in Sumter county, Alabama, met in Livingston, Ala., at the suggestion of Dr. Robert D. Webb, of that place, and organized the Sumter County Medical Society to meet semi-annually, which continues as an active organization to this date, identifying itself with the State Medical Association in 1878. Through post mortem, chemical and microscopic examination there came through this society in its membership some of the earliest and most thorough clinical reports on the then extensively prevailing haemorrhagic malarial fever; and these

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papers formed the basis and treatment of the disease in the lectures of that day to medical students from its inception to its close, as actively prevailing for a number of years.

In 1880 I became identified with the State Medical Association at its meeting in Huntsville, Ala., and since then have been absent from only two of its annual sessions, hence I may be permitted from long observation and identification, to briefly record such matters as pertain to the individual lives of the builders of this great edifice.

So much has been written and spoken of the great founder of our association, Dr. Jerome Cochran, that panegyric is unnecessary. In this life's work he has built for himself a monument more enduring than brass, for its tangible results daily enter into the happiness and welfare of every man, woman and child in this great commonwealth.

With great brain, indomitable will, often misunderstood and maligned, he pursued steadily the great object in view with persevering industry until all obstacles were overcome, the race was run, the goal attained. Until this day its splendid results for human welfare have become the admiration and ideal of the medical world. Seldom doubting, at times the question arose in his mind, "Shall this endure?" addressed to me on one occasion, when I cheered him with the assertion that the results of his work had come to stay. the rock foundation was there, its details simply to be changed as time might show the wisdom and necessity of such changes. It is difficult for the younger men of this day to realize how this great mind brought order out of the chaos of former days and that they now dwell under auspices that have brought to them the privileges and opportunities of the present day in guarding them against the invasion of the profession by ignorance and unfitness and has made their competition to be such as shall meet the standard of the times and its requirements. A debt of lasting gratitude on this score alone is due him by every practicing physician in the State of Alabama. The passing years have only proved as they have gone by the gradual elaboration of such conditions as have been of most national value not alone to the profession in this but in the gradual evolution and perfecting of the health system of the State which in the uniformity of its details challenges comparison with any system yet devised by human intellect for its simplicity and its thoroughness when fully carried into practical effect.

Another of the early faithful workers was Dr. Robert D. Webb, of Livingston, Ala., president in 1879, who early saw the possibilities of the system then being developed and brought to bear on the details of its evolution the acute discernment of an active mind and whose conceptions of its usefulness were of great value, as he was an unsparing critic in reference to any measure that seemed to fall short of or run beyond the requirements of the day and with persistent advocacy he held to his point till doubts were cleared away and judgment passed by the association itself. In his day no one save Dr. Cochran himself was more familiar with the book of rules than he, and his well thumbed and annotated copy bore testimony to his thorough study of everything bearing upon the welfare of the association. His example in this might

well be emulated at the present day, for the more it is studied and known the greater will be the fidelity and loyalty of those who have promised to abide by its rules and regulations. Familiarity with its precepts will serve to bring to every thinking and studious mind a clearer discernment of its great practical value to the daily details of our professional life.

Another of its worthies identified with its earliest existence and during all his active life was Dr. George A. Ketchum, of Mobile, who was orator of the association in 1870 and president in 1874. A notable fact was his continuous service on the board of censors of his county, from the earliest data I have to the time of his death in 1906, most of the time as chairman. How much of time and labor was expended in this work only those who have been identified with its activities where larger demands required larger service can know. Loyal to the last as long as brain and body could work this polished, courteous gentleman and able physician counted but his duty and pleasure to serve that which he helped to build.

Dr. Richard Fraser Michel, of Montgomery, served as president in 1870, and orator in 1876. He will be remembered by the older members of the profession as one who, while health and strength permitted, gave willingly of his time and service in those years of formative work when our present system was being shaped. Genial in manner, courteous in demeanor, of the old school, a most delightful entertainer, a strengthener of good works, his heart beat in unison to the last to the purposes of his earlier and more active life.

Dr. Job Sobieski Weatherly, another of Montgomery's well known physicians, was president in 1875, and during his life was one of those who aided in the nurture and growth of the association's work, and to the last of his life preserved his interest in it.

Dr. Peter Bryce, of Tuscaloosa, was president in 1878, orator in 1882. While this name will long be known in Alabama through his work as the founder and developer of the State insane hospital, he was known by his wise counsel on the board of censors and his active interest in all pertaining to the upbuilding of our association. So far as his exacting duties would allow he actively participated in everything that would aid in the growth and enlargement of our work. His noble and com-

manding presence, his courteous bearing, his kindly and genial manner won for him the affectionate regard of his co-laborers, and it was with the deepest sorrow that those who saw him at his last public appearance marked the emaciated frame, the pinched face and all the indications that pointed to the shadow of the grave. The eye had not lost its lustre nor his wonted smile its graciousness, but it was simply the flickering of the candle soon to be quenched. A useful life and loyal to the last to that which he had been a factor in developing.

Dr. William Henry Anderson, of Mobile, was president in 1881 at the Montgomery session. Among the early workers of the association, now known as the "Old Guard," he occupied a prominent place. Of large ability, a successful practitioner, identified with the detailed workings of our association, he brought to it the tribute of a scholar and devout Christian physician. who saw through the unreal to the real, and shaped his useful life in accordance therewith. Peculiarly a scholar, of thoughtful and vivid imagination, he adorned with his pen any subject medical or otherwise that he dwelt upon. His message, from which I quote briefly, a polished production, was but the epitome of his daily practical life: "Yes, there must be something immortal beyond, whose light is too bright for human eyes to gaze upon, something whose music would be passing sweet if our senses were only attuned to hear it, and although this dull and earthly ear may not be delicate enough to hear it, yet still it is there as part and parcel of that higher music which may hereafter bring perfection to our happiness and bliss. There need be no conflict between true faith and true science. If there should be, let us hope that the sentiment of immortality is so deeply laid that at the very point where human reason fails inspiration may come in to safely bridge us over into that realm where present things shall have faded away and higher things become eternal reality."

Dr. Samuel Dibble Seelye, of Montgomery, was orator in 1874 and president in 1887. and from the earliest development of our life as an organized body was one of its most active and zealous promoters, tireless in every endeavor that went to its enlargement. Courteous, quiet in manner, gentlemanly in his demeanor, scholarly and a student, a close debator, he was always ready to participate in anything that looked toward the advancement of the cause he so loyally espoused. Ready with pen and tongue he contributed much to the interest of our an-

nual meetings, prepared on any subject that might present itself for discussion. The pages of our transactions are enriched by some of his studious papers that even then had more than a glympse of the scientific developments of our later period. Modest and unassuming, his native ability brought to him the meed of success in the battle of life.

Dr. John Jefferson Dement, of Huntsville, Ala., president in 1876, was one of the strong men of the earlier day when devotion and loyalty were needed to build the strong foundation and early superstructure of medical law. I met him first in 1880, the beginning of an acquaintance which ripened into a cordial friendship that continued until his death. He was an able surgeon of hospitable disposition who gave his time and means and ability to the early inchoate work. With the courage of his convictions. he was gentle and ready to yield, a man with the true instincts of a gentleman who had a full comprehension of the obligations owed to his fellow men.

Dr. Edward Davis McDaniel, of Wilcox county, president in 1877, was one deeply interested in the foundation and growth of our system. I met him first in Huntsville in 1880 when he was leader of what was then known as the "omnibus discussion." An intelligent thinker, so long as health and circumstances permitted he gave his time and aid to the work, and lived to see it in full fruitage, the roster of counties complete and the details of organization perfected. A close student and thinker in latter years he filled one of the chairs in the Medical College at Mobile rounding out a useful life.

Dr. Mortimer H. Jordan was president in 1884. From his earliest connection with the association he was one of its most active members, loyal and devoted to its service, always ready with time, means and counsel to advance its best interests, earnest in advocacy of his opinions, and ready to give a reason for them. He participated frequently in the scientific discussions and added papers of practical value to the Transactions of his day. Till feeble health prevented his attendance he was rarely absent from the deliberations of the association. In later years while health permitted his lectures in the college in Mobile were fruitful of good results in the attractive manner in which he illustrated his topics. He was an able general practitioner and by his skill and gentle manner won such a devoted clientele as few men obtain.

Dr. Willam Henry Johnston, of Birmingham, was president in 1896. Early connecting himself with the association he remained its firm friend until his death. actively working as time and opportunity offered with the county and State organizations. Very successful as a physician, a skillful obstetrician, never sparing himself day or night when duty called, in the midst of an active career, endeared to a large circle of friends, he passed away leaving a name that to many yet is a household word.

Dr. Clifford Daniel Parke, president in 1883, entered into the work of the association in 1875, and during his life was active to the last while health allowed in every work. Of happy temperament he gathered about him in a successful practice a group of devoted friends who mourned him not alone as physician, but as friend. In the close of his strong and eloquent message, from which I quote, speaking of the erection of the great Medical Temple not then complete, he says, "And when the walls are finished, let medical recognition be withheld from that man who fails to be seen coming up to the Temple, bearing in his hands the slate of professional brotherhood and high ethics, to cover in and protect the grand and magnificent structure, for we all can realize but too well the fact, that decay and destruction must necessarily follow if the rains and storms of professional discord engendered by petty jealouses and selfish ambitions be allowed to spend their blighting influence within its walls."

Dr. Benjamin Hogan Riggs, of Selma, was president in 1885. During his official term the legislature was in session and strenuous efforts were made by the opponents of our association to defeat its best purposes. Under the urgency of Dr. Riggs the profession of the State rallied to the support of our work and what was known as the Wells bill introduced by Mr. Wells, of Chilton county, was adversly reported, and what would have been one of the greatest calamities that could have befallen the State was put to sleep and to stay. Its purport was to repeal an act passed by the legislature and approved Feb. 12, 1879—"An act to carry into effect the Health Laws of the State." The part most to be regretted was that the endorsement of the bill repealing the appropriation for carrying out the health laws of the State was by members of the association who antagonized the policies of Dr. Cochran. Time

has shown the wisdom of the prompt action of Dr. Riggs in averting what would have been a great disaster.

Dr. E. P. Gaines, president in 1880 at Huntsville, Ala., was one of the early supporters of the association. While more or less an invalid, for many years fighting his own tuberculosis, the course of which he definitely stopped, he did not desert the call of duty in his public professoinal relations, but served for many years on the County Board of Health of Mobile, and for years was professor of physical diagnosis, in which he was expert, in the medical college of that city. He was well endowed by nature, and for his skill in the management of chronic pulmonary disorders won well merited acclaim. Early in December, 1884, he passed away, beloved and mourned by a whole city. Facing death during many long years he turned away from himself to be a blessing to others. Of him it might well be said as expressed by the Archbishop of Canterbury, "The good physician and the good surgeon should possess courage and presence of mind, deep sympathy, perfect candor, simple manners and pure moral feeling, and if over all there was shed the light of God, they would have in the man who possessed them one who was qualified alike to work and teach."

Dr. Francis Marion Peterson was president in 1886 and presided at the Anniston session with his usual grace and dignity. He brought to the chair an honored name freely accorded to him by his brother practitioners for his true worthy. For many years he had been recognized as a leading physician in his town and section where he through more than forty years had labored and had won the respect and love of all who knew him. A skillful physician, a Christian gentleman, he was an ornament to his profession, and in his riper years won the meed of a deserved success. Loyal to his ideals as to a co-operative profession he labored dnring his life for the advancement of our great work. Speaking in his message of the Book of the Rules he writes: "Wisdom is apparent in every line and as we proceed with the examination we are struck with profound astonishment that this constitution and these ordinances and laws so thoroughly adapted to our wants should be the product of the brain of one man.. Let no iconoclast seek to destroy the magnificent structure which has been reared unless he has Aladin's lamp or the wisdom of the gods."

Dr. Milton Columbus Baldridge was president in 1889. A man of splendid personal presence, of attractive manner, friendly in disposition, successful notably as a surgeon, and thorough as a physician, he also willingly gave his time to the work of his county as health officer, and to the elevation and upbuilding of the work of the association, using his best efforts to promote concord and harmony, and to secure the affiliation of his professional brethren in the duties they owed to themselves and the State. In his message he writes, "If we remain true to ourselves we have nothing to fear. Our object is a common object. Our interests in this great work are one and the same. Let us strive to strip ourselves of all sordid selfishness or pedantic bigotry, and in brotherly love seal our devotion to the cause and arm afresh for the duties and conflicts for the years that are to come."

Dr. Richard Matthew Fletcher was president of the session of 1895 in Mobile. Connected with his term of service it is rather a singular fact to note that Drs. Dement, Baldridge and Fletcher, of Madison county, all occupied their presidential chairs in the city of Mobile. Dr. Fletcher was one of the most faithful men of his profession in his public duties to his county and State. This he added to the life of a busy practitioner and a very successful one in his sphere of duty. Scholarly, gentle, genial, thoroughly in love with association work, he seldom missed an opportunity to take part in our annual meetings. He had the esteem and kindly regard of all who knew him, which he richly deserved, for he gave to his companionship always the tribute of a warm-hearted affection. In his message he writes, "There is a responsibility resting upon each member of this association that must be felt and acknowledged. We all have an influence both in words and acts. We cannot live to ourselves. We must be a light to illumine or a tempest to destroy. You may pile accomplishments upon acquisitions mountain high, but if you fail to be a social man demonstrating that your lot is with us, a little child with a song in its mouth, a kiss for all and a pair of innocent hands to lay upon the knees, will change more hearts, and will lead more lives in the right direction than you."

Dr. Barkeley Wallace Toole was president at the Selma session in 1897. One of the strong men of the profession of Talladega county when his county society was organized, he came at once to the front, and with his active associates made it one of the most efficient work-

ing societies in the State. Their successful endeavor was due to their profound loyalty to the principles and practice of the association. Dr. Toole fully realized that in his county work he could be efficient in promoting the sanitary welfare, in all its lines, of his fellow citizens. Commanding by his upright character and devotion to his private and public duties the regard of all, he was in position to work for the benefit of those who came under the law that gave them protection. A noble Christian gentleman, who adorned his profession in his daily life, he filled out the measure of his days and passed to the rest of those who dwell in perfect happiness through the unending cycles of time. Alluding to the death of Dr. Jerome Cochran on Aug. 17, 1896, in his message he says: "I recommend that measures be taken at this session to erect a suitable monument to Dr. Jerome Cochran to be placed in one of our cities, and that course be adopted by which every society can be a contributor, and also if possible that every one of the 1150 or 1200 members may give some tangible expression to their co-operation in this undertaking."

Dr. John Clarke LeGrande was president at the session of 1900 in Montgomery. He has so recently passed from our midst that his splendid form and attractive face and genial manner are still familiar to us. Always a worker in county and State for the advancement of the great cause which lies at the basis of our two millions or more of our people in their vital sanitary relations, he was never happier than when through the pages of his journal he could uphold the principles of our medical legislation, so far-reaching in their benefit to profession and citizens. He was always uncompromisingly loyal to association work, and vigorously a defender against all attacks upon its vital points. His work with his pen was educative to those of the profession with whom he came in contact, and will leave a lasting impression upon those to whom it was directed. In this he was whole-hearted and a loyalist of the loyal, true to the last.

Were it within the province or scope of this article a volume could be readily written, could the data be obtained, of those who through all the more than thirty years in the erection and development of this great fabric have contributed loyally their part of the work, but as such records are inaccessible, I wish here to pay my tribute of regard to those still living who have been faithful in their devotion to the great

duty committed to our charge. The unnamed ones have in their day borne their active part in the furtherance of this great beneficence to the people of Alabama. The endurance of their reward, though silently attested, shall be as long as tongue can speak or pen can write, aiding in launching those forces that compass the good of all alike.

For now more than sixty years the profession sought to bind themselves more closely in compact form. As the result of this feeling the Medical Association of Alabama was first organized in Mobile, Dec. 1, 1847, its first president, Dr. W. R. Johnson, of Perry county, its first treasurer, Dr. George A. Ketchum, of Mobile. Its life continued till 1856. I have in my library a copy of the Transactions of the meeting in Montgomery, Dec. 8-11, 1852, a creditable volume of 130 pages, with an enrolled membership of 170; also the Transactions of the meeting in Mobile in 1855 of 148 pages. In these volumes are many notable articles. I note one particularly in the latter volume on the botany of Sumter county, a remarkably complete study which will never be excelled in its accuracy of detail, by Dr. S. W. Clanton. This noble and useful life gave itself for another. In the burning of the steamer *Eliza Battle* on the Tombigbee river early in March, 1858, a cold freezing night, he swam to a tree near by, and secured the safety for the time of a lady friend by fastening her to the limb of a tree, and to protect her removed his coats and wrapped them about her. With his suspenders he fastened himself to the limb of a tree where he was resting in the eddy of the high water. When the morning light came and rescuers tried to secure them, both were found frozen to death. When has the temper and mettle of our calling ever been found wanting when the crucial test came?

March 3 and 4, 1868, twenty physicians met in Selma for the purpose of re-organization. Among them was the distinguished and honored Dr. Courtney J. Clarke, of Selma, a prince among the remarkably able band of physicians of that day in that city, at which time Dr. F. G Mabry was chosen president. The meeting in 1873 in Tuscaloosa was a memorable one, for after a two days' discussion the "New Constitution" was adopted by more than a two-thirds vote. In 1875 the legislature constituted it, "The State Medical Association," "The State Board of Health," giving it certain legal powers and duties; and in 1877 passed the law "to regulate the practice medicine."

Let those of us who are still living and making history impart to its work the continuous endeavor to secure by unswerving fidelity and loyalty the magnificent structure committed to our care, preserving its tested symmetry; builders, not destroyers, meriting thus deservedly the reward of our own conscience and the gratitude of those for whom we give unstintedly the service of our lives.

I close with the beautiful tribute paid to the memory of Dr. Jerome Cochran by Dr. Ketchum at the memorial service at Selma in April, 1897: "He has not labored in vain, but like the great luminary that in its meridian splendor warms the earth, fructifies the fruits and ripens the harvest, and then sinking beyond the western horizon until lost to sight, yet still gilds the heavens with its parting rays and burnishes with its golden hues the western sky, so the noble deeds and worthy acts and grand achievements of great men are not lost when the dark portals of their tombs shut them out from mortal view; the fruits and benefits of their labors live after them to gladden, instruct and illuminate the world."

A Communication.

By T. L. Robertson, M. D.

Birmingham, Ala.

The time of the annual meeting of the State Medical Association is now near at hand, and we are all looking forward with anticipations of a happy reunion and good fellowship, and with mutual interest in the promotion of measures for the public welfare. The State Medical Association is organized on broad lines, and comprehends much more of interest to the doctors and the general public than seems to be appreciated by many of its members, whose efforts incline them to devious ways.

In order to accomplish best results under the laws so generously provided for our protection and for the protection of the people through our execution of them we must have unity of action. The quibbles and revolutionary attacks which have of late been so common in our ranks are to be deplored. This disgruntled element has never to my knowledge presented any measure in lieu of exisiting ones that would

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add any strength or efficiency, but rather the tendency seems to be to break down and disintegrate the great organization whose construction has occupied the time, talent and wisdom of the best medical minds of

the State for more than thirty years. What could smack more of presumptive, unwise, egotistical tendency than such efforts?

Our medical organization is a good one, perhaps equal, if not superior, to any similar organization. Under its authority that much good has come to the doctors of the State no one will deny. An inestimable good has also come to the people in the institution of sanitary measures and measures for the general promotion of the public health of the whole people of the State. Of course in order to have continued achievement of these good results there must be united effort and cooperation of all the doctors in the State.

As is well known under our present constitution each county is represented in the State Association by two delegates, which gives each county equal power and influence in the transaction of the business of the Association. This in my opinion is as it should be.

The Association is to be bombarded again at the coming session by resolutions revolutionary in character, looking first to a change of our constitution in a way to provide for an increased number of delegates from the larger county societies, basing the representation upon the numerical strength of each county society. It can be readily seen that this method of apportioning representation would place the control of the Association in the hands of a few of the larger county societies, such as Jefferson, Montgomery and Mobile; and the smaller societies, which are largely in the majority and equally valuable to the Association, would be left without power and influence in the transactions of the Association, allowed only to pluck such crumbs as by chance may fall their way. Second, the resolutions seek to make eligible to office any members of the Association. As is well known under our present constitution only members of the College of Counsellors are eligible. This, in my opinion, does not work any injustice and is as it should be. The College of Counsellors is composed largely of men loyal to the Association and willing to give their time and money to its best interests. Throw the doors wide open and we would be flooded with a horde of politicians who have never given any support to the Association and whose presence would be prompted by desire for office to be obtained by any political device. Upon such honors would be unworthily bestowed.

Many counsellors are derelict in duty. They come to the meetings of the Association, enjoy the reading and discussion of medical papers for a day or two, get tired and go home before the principal business of the Association is reached. Such a course is in violation of the best interest of the Association and should be discontinued. A counsellor can determine before leaving home how many days he can afford to be away from his work, and if for only two or three days, arrange to be present at the Association at least on the last day when the principal business of the Association is transacted. This is a duty the counsellors owe the Association as compensation for the honors they wear.

The delegates constitute a majority of the working force of the Association, and are the strict representatives of their several county societies, and should be selected with regard to their efficiency and representative character, with the full understanding that they remain at their post of duty until adjournment sine die. The difficulty with many delegates who accept the honors is that they do so without realizing the responsibility, and go to the meetings on a pleasure trip for their personal pleasure and recreation, spend a day or two attending the reading and discussion of medical papers, get tired at the end of two or three days and go home just when their duties to the society they are supposed to represent begin. Any member can do that much. But the supreme duty of the delegates is to represent their society in the business sessions of the Association, most of which occurs on the last day of the session. Should delegates find it impracticable to attend the full term of the Association they should endeavor to arrange their matters so they can be present at least on the last two days, during the principal business sessions when they can best represent their county society. Should all counsellors and delegates remain at their post of duty to the last it would give more force and character to the business transacted, and relieve the Association from the possible imputation of a "one man rule." It is no fault of the Association or its officers that there is not a full representation on the last days of the session; but it would be an inexcusable remission of duty should the faithful few fail to carry out the business of the Association.

I hope for the approaching meeting to be a most pleasant, harmonious and profitable one.

Report of Two Anomalous Cases.

By E. M. Prince, M. D.
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The first case is one of a double uterus, which is quite a little less frequently found than the bi-cornate uterus. The specimen represented in the accompanying illustration was removed from a woman, age 30, who had borne four children. There was nothing unusual in the menstrual history until she became infected at the birth of last child some three years previously. The two cervical canals are about one and

one-half inches apart. In the illustration a lead pencil can be seen to be inserted into each canal. On the right side the tube may be seen which contained pus; under this the ovary, and on the left the unruptured pus tube, but the ovary on this side was not removed.

This case was operated upon about eight months ago. The woman made a nice recovery and has since been in good health.

The second case I regard as more unusual than the first, being one of double appendix vermiformis, one being perfectly normal, the other gangrenous. Upon opening the abdomen in this case we first found the normal appendix, which was closely adherent to the large bowel and contained no mesoappendix. About one-eighth of an inch from this the diseased appendix was found, which was closely surrounded by adhesions. This one contained the usual mesoappendix. After removing the diseased appendix we also removed the normal one, invaginating both and draining the abdomen. The patient was well on the eleventh

day and left the hospital on the thirteenth day after operation. I have been unable to find a report of a previous case of double appendix.

Before removing either of the appendices I requested Drs. Louis Whaley, Greenwood and Chamblee to note the unusual condition present, which they did.

Gastrojejunostomy for Relief of Cicatricial Stenosis of the Pilorus.

By J. M. Mason, M. D.

Birmingham, Ala.

Gynecologist to St. Vincent's Hospital.

The conclusion has been reached by all operators that the success of a gastro-enterostomy depends largely upon the kind of case that is subjected to the operation. Functional disorders of the stomach and gastric neuroses are not benefited by this treatment, and the number of such cases formerly operated upon without benefit to the patient subjected the operation to much adverse criticism. This criticism has served to show us the class of cases which should be let alone, and better results are being obtained by restricting the operation to those where some organic change has taken place in the stomach.

Patients suffering from benign stenosis of the pilorus, and those who suffer from beginning obstruction due to malignant disease have been very much benefited by the operation, and the former class of patients have been, as a rule, permanently relieved of their distress and have been restored to perfect health.

The case here reported illustrates very well the condition of obstruction that frequently follows the cicatrization of a gastric ulcer, and also shows the permanent relief that follows the performance of gastro-jejunostomy.

HISTORY.

L. R., female, aged 35, married, was first seen Oct. 1, 1907, and gave the following history: Father and mother died in her infancy from causes unknown to her. She has four brothers living and healthy; none dead; no sisters. There is no history of tuberculosis or malignancy in the family. She has been married for a number of years, but has

never been pregnant. For the past fifteen years she has suffered from indigestion and constipation. At the beginning of her illness, she suffered from eructations of gas after eating, and occasionally from the vomiting of sour liquid. Severe epigastric pains sometimes occurred in from twenty minutes to two hours after eating. Her condition has gradually grown worse and for the past six months the pain has been almost unbearable, the vomiting very frequent, and she has emaciated considerably from inability to retain sufficient food. She has frequently noticed that food taken on a given day would be present in the vomitus two days after its ingestion. There is an indefinite history of vomiting of blood some years ago, but her memory is not very clear on this point.

On examination the patient appeared emaciated; the heart and lungs were normal; the urine was negative; the liver and splenic dullness were normal; the uterus was slightly retroverted; the tubes and ovaries were normal; the rectum was normal. There was no tumor palpable in the region of the pilorus. On distending the stomach with gas, a moderate amount of dilatation was present. A test meal showed free hydrochloric acid present; no lactic acid; total acidity 85; no blood. There was no occult blood in the stools.

Blood examination showed Hb. 85; leucocytes 8700. The temperature was 97 1-2 and the pulse rate averaged 78.

She was put upon anti-acid treatment and kept under observation until Jan. 8, 1908, when she was admitted to St. Vincent's Hospital. On Jan. 10th she was subjected to operation.

An incision was made through the right rectus muscle, beginning near the border of the ribs and extending downward for about 3 1-2 inches. The stomach was drawn out and examined. At the pilorus was found a small mass occupying about two-thirds of its circumference, and so narrowing it that the tips of the little fingers could be barely brought in contact through its lumen. The outer surface presented the puckered appearance so often described in connection with old cicatrized ulcers, and there were numerous adhesions. Some of these connected the pilorus to the gall-bladder, and they were separated before proceeding further. The spleen was examined, and it was found to be bound down by slight adhesions, which were separated.

Posterior gastro-jejunostomy by the "no-loop" method of the Mayos was decided on, and was carried out without difficulty, using linen as the suture material throughout.

The January number of *Annals of Surgery* had made its appearance a few days before this patient was operated on, and I had just read the article by Dr. W. J. Mayo on "The relation of the Mesocolic Band to Gastro-enterostomy."

In this paper he describes and illustrates the abnormal fold of peritoneum which sometimes extends down for some inches from the transverse meso-colon to the upper part of the jejunum. We found such a fold in this case, extending down upon the jejunum for a distance of about 2 and 1-2 inches. This was dissected back as he directs, and the opening in the duodenum was placed as high up as possible.

The following qutotation from his paper explains the necessity for recognizing and trimming back this peritoneal fold before making the anastomosis.

"It can be readily seen that as the intestinal coil is formed this peritoneal adhesion may extend so far down upon the coil as to reach the jejunum after it has turned to the right, and if the gastrojejunostomy is placed at this point the intestine will be applied to the posterior wall of the stomach, not in the 'no-loop' position, but upon a loop of from four to six inches; a situation which experience has shown to be exceedingly liable to give rise to bile regurgitation such as so frequently occurred in the loop operations of the past. The operator would erroneously believe that the jejunum turned to the right and that he had made a no-loop operation, while, as a matter of fact, a loop was present but more or less concealed in the investing peritoneum.

"When such peritoneal bands or adhesions exist to any considerable extent they should be trimmed back to expose the origin of the jejunum which will, in the great majority of cases, be found to run in the normal direction to the left, and the gastrojejunostomy can be made at the beginning of the jejunum in the area which has been denuded of the adhesions."

The relief which this patient experienced was immediate. She vomited twice during the twelve hours following the anesthetic, after which

she was put upon liquid diet for a week. Since then she has been upon solid food and is eating anything that her appetite calls for. She has no gastric discomfort whatever and her constipation has improved very much.

Since the operation she has gained considerably in weight and is still improving.

Shock: Cause and Treatment.

By W. W. Harper, M. D.

Selma, Ala.

The successful issue of many a case of traumatism depends on the proper treatment of shock. Our present knowledge of the pathology of this condition is limited to the fact that there is lowered blood pressure from vaso-motor paralysis—the blood accumulating in the abdominal vessels.

The two principal causes of shock are:

1. Nerve irritation (pain).
2. Hemorrhage.

If a nerve be irritated the blood pressure rises and falls. With each repetition the rise becomes less and the fall greater until finally the nerve will fail to respond to any stimulus. This phenomenon of rise and fall in blood pressure occurs even when the patient is in the stage of surgical anesthesia. If, however, the nerve trunk be blocked with a 1-1000 solution of cocaine, irritation of the nerve will have no effect on the blood pressure. The nerve blocking not only prevents shock, but arrests it after it has begun. It, therefore, follows that the treatment of shock consists in giving morphine hypodermatically to relieve pain and quiet the nervous system; blocking the nerve trunk with cocaine, and handling the injured parts as little as possible. If hemorrhage has been free, the lost blood should be replaced by:

1. Arterio-venous anastomosis—getting the blood from a vigorous subject and supplying the donor with normal salt solution.

2. The use of the normal salt solution by (a) transfusion; (b) hypodermoclysis; (c) enema.

If transfusion be practiced do not use over a pint at one time. More than this will osmose into the lungs and the patient will be drowned in his own secretions.

Hypodermoclysis is painful and is liable to be followed by necrosis of the tissues into which the solution is injected.

Enemata are preferable as they are not painful and the salt solution is rapidly absorbed from the rectum. Not over ten ounces should be given at one time and not repeated oftener than every four hours. It is better to allow a continuous stream to trickle into the rectum through a small catheter. The stimulating effect of the salt solution is increased if it be mixed with an equal amount of coffee infusion. This is the only stimulant that is needed. Do not give whisky, strychnine, nitroglycerine, etc. These agents only hasten the end of the patient.

In crushing injuries of the extremity, the question arises, when shall amputation be done? *At once.* Provided the nerve trunk is *first* blocked with cocaine. This prevents further shock. If you wait for reaction, many will die without reacting, and all who do react would have survived an immediate operation.

The Diagnosis and Prognosis of Pulmonary Tuberculosis.*

By J. M. Lowrey, M. D.

Birmingham, Ala.

Mr. President—The only apology I shall offer for my paper this evening is that I was not notified that I was expected to take Dr. Staple's place on the programme until about 12 o'clock today.

There is probably no question in the whole domain of medicine which is of more vital importance to the patient, nor one which requires more skill and good judgment on the part of the physician to answer properly, than the question of whether or not a person is the subject of tuberculous infection.

If we answer in the affirmative it means a radical change in the whole future life of the individual, probably a change of business and a

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*Read at the regular meeting of the Jefferson County Medical Society, March 23, 1908.

change of home, heavy expenses incurred, and home and social ties sundered. If in giving a negative answer we make an error, the consequences will be even more serious, for the patient, lulled to a sense of security by our assurance that his fears are groundless, may lose months of precious time—months which, if properly utilized, might have meant salvation.

It seems to me that every physician should approach the decision of this question with a full sense of the fearful responsibility resting upon him, should analyze the evidence in as cold-blooded and mathematical manner as possible, and should then state with absolute frankness to his patient the condition he is in, as near as it is possible for it to be determined. You owe this to your patient first, to the public second, and to yourself third, for if you find that the patient is infected, and conceal the fact from him, you rob him of the best—I had almost said the *only* chance he has of a cure; you rob his friends and relatives and the public of the protection they have a right to demand of you, and you place yourself in a position to be eternally damned by the patient, his relatives and his friends if they find out in a few weeks or months that you have deceived or misled them.

Thanks to the efforts of the lay press, and of the State and other associations organized for the purpose of warring on the Great White Plague, the symptoms of incipient pulmonary tuberculosis are becoming so well known to the people at large that the number of cases which come for diagnosis in the early stages of the disease is becoming each year larger and larger, though we still quite frequently have patients consult us for some other malady, little suspecting that they are the victims of this dread disease.

As the late diagnosis is usually easy to make, I shall confine myself to the making of the early diagnosis.

The first point to be considered is the family history. This, however, is of more importance in the first years of life, for the liability of pulmonary tuberculosis from an hereditary taint may be said to diminish as the age of the individual increases, so that in an adult it has only an indirect bearing on the case, the individual having inherited only a certain predisposition or weakness of the tissues towards the resistance of this infection. This family history is also of some importance in

that it may develop the fact that some other member of the family or of the household recently have been a victim of the disease, thus exposing the individual to the dangers of infection.

As to personal history, the age is of no great moment in diagnosis though infancy and old age seem to suffer less frequently.

Occupation is an important item. Workers in brass, cutlers, potters, millers, stone-masons, and others compelled to work continuously in an atmosphere laden with particles of solid matter, e. g., street sweepers, are much more liable to infection. The habits of the individual deserve consideration. The alcoholic and the roue more frequently than their more abstemious and continent friends, lay down the remnant of their misspent lives on the altar of the tubercle bacillus.

Great mental stress, care and responsibility, and frequent childbearing and lactation also predispose.

We should also consider previous illnesses, for pleurisy is often a tuberculous manifestation; so also are ischio-rectal abscess and fistula, while it is universally recognized that typhoid fever, measles, influenza, whooping-cough, hypertrophied tonsils, adenoids, atrophic rhinitis, and last, but by no means least, syphilis, are frequently followed by pulmonary tuberculosis. The weight is also to be reckoned with, the class of underweights furnishing a larger proportion of the victims than those individuals who are of normal or over-weight.

But it should be emphasized that no single symptom and no single fact (unless it be the finding of the bacilli in the sputum) can make the diagnosis. We must look at the picture as a while, and besides the data above we must consider another no less important group of symptoms, viz: malaise, anorexia, impaired digestion, the fact that the patient is easily tired, the slight afternoon rise of temperature, the slight cyanosis of finger-tips, the night-sweats, the anemia, the haemoptysis, and, what is probably the most important and more worthy of note than any other member of this group, the slight increase in the pulse-rate.

Of the constitutional symptoms

THE FEVER

is probably the first question to be considered in point of interest. In the early stages fever may or may not be present, but in the majority of all cases we will be able to detect a slight afternoon rise, say to 100

or 100.5 Fhr. This may be accompanied by a scarcely noticeable chilliness, or possibly by malaise, and a sense of warmth or flushing, and the pulse-rate, if noted at this time, will be found to be out of proportion, to what we would naturally expect to find it, to the temperature. This rise occurs most frequently between two and six in the afternoon. A little later it may be found that the temperature some time in the twenty-four hours is a little subnormal—possibly a degree or more —and here we should take into account the whole range of temperature, and not merely the elevation above normal. We should also bear in mind that in some nervous individuals the afternoon temperature may be 99 or even 99.5 Fhr., and still be a normal temperature.

THE CIRCULATORY SYSTEM

usually offers us some valuable information. A congenitally small heart and similar small vessels may so interfere with the general body nutrition as to seriously impair the stamina. In this condition the pulse is small, often weak, the heart-sounds are sharp and valvular in character, and the first sound may lack its normal muscular tone. The second pulmonic sound may early be accentuated. The sphygomographic tracings are said to be typical and diagnostic.

The small pulse with lessened pressure and increased rate should always be looked upon with suspicion. It is one of the earliest and most important symptoms, usually appearing some time before it is possible to detect the bacilli in the sputum. Another important fact with regard to the pulse at this early stage is that the rate is practically the same regardless of whether the patient is standing, sitting or lying down.

The condition of

THE SKIN

should next be observed. It may be pale, as a result of the advancing anemia, or may be flushed, as in the afternoon rise. Frequently there is noted on the body a somewhat generalized bronzing, similar to that observed in Addison's disease. Occasionally we see isolated areas of pigmentation. The hair often early loses its lustre and becomes brittle and splits at the end. In infants the skin is sometimes covered with a soft, silky down. The margins of the gums may become reddened. Sticker considers this an early sign, and an important one.

SWEATING

is one of the earliest and most important signs of danger. This at first may not manifest itself in the drenching night-sweats of the later stages, but only as a slight, localized hyperridrosis, appearing upon the slightest exertion, observed most frequently on the forehead, hands or feet; or it may manifest itself as a generalized clamminess of the skin.

The later drenching night-sweats usually occur in the early morning hours, and are probably due to the absorption of toxins of secondary infection.

The early

GASTRIC SYMPTOMS

are anorexia, slight nausea (rarely vomiting), eructations and distress after eating. Diarrhoea is occasionally a symptom, even early in the disease.

One of the most significant symptoms is

LOSS OF WEIGHT.

This may begin insiduously, or the patient may lose rapidly from the very beginning. At any rate the loss steadily progresses. When a patient comes to me for examination, if he has not already been under treatment, or on a diet, and tells me he has gained a few pounds in the last week or two, I usually feel pretty well satisfied in my own mind that he is not infected, though he may have other suspicious symptoms.

THE MENTAL ATTITUDE.

In the earlier stages there is frequent melancholia and irritability. A little later this changes to a cheerfulness and hopefulness which is hard to understand. We have all seen patients who were within a few days of their death who seemed not to realize that they were in any danger whatsoever. Some writers claim that there is a progressive loss of will-power and emotionalism.

COUGH

is an early and an important symptom, and at first is usually a dry "hacking" cough with little or no sputum, unless it be early in the morning upon rising. This gradually grows more explosive in character, accompanied by the expulsion of more abundant sputum. The sputum is at first a more or less frothy, glairy mucus, containing, possibly, a few small particles resembling bits of tapioca. These later are yellowish and viscid, and may show the bacilli. The early morning sputum is usually the most abundant, and most apt to show the bacilli.

HAEMOPTYSIS

is present in about 25 to 50 per cent. of all cases. It may appear suddenly in the midst of apparently perfect health. We should exclude here, of course, cardiac lesions, as mitral stenosis and tricuspid disease; also aneurism or the arch, as well as epistaxis. hemorrhage from the stomach, gums, and throat. The so-called hysterical haemoptysis is probably frequently of tuberculous origin. Some time may elapse before the development of further symptoms—possibly years—though usually the period covers only a few weeks or months.

Other symptoms are pain, hoarseness, dysphagia, and dyspnoea, though these are all late symptoms, as a rule.

The above are all suggestive, but when all is said the most important evidence is obtained by the

PHYSICAL EXAMINATION

which should not be attempted until the patient is *stripped to the waist.* It is difficult to elicit the physical signs of incipient disease even now, but with an intervening garment it is wellnigh impossible, and no sense of false modesty should be allowed to stand in the way at this time.

The weight should be noted and the patient reweighed daily for several days on the *same scales.* Loss of weight is suggestive and important. Underweight should be noted, and here it is important to note the "vital index," which may be obtained by dividing the weight of the patient in pounds by the height in feet. This gives us the military standard of weight. In the male this should not be less than 25 and in the female 23.

The condition of nutrition should be noted. and this will depend, of course, on the patient's previous condition and on the length of time that the disease has existed.

The skin will usually be noticed to have lost its normal pink tint, and will appear pale from the existing anemia, or possibly flush if there is a slight elevation of temperature, or there may be slight cyanosis. Occasionally the skin is oily, thick and muddy. The fingers may be clubbed.

The pupils are often dilated, and the eyes brilliant.

The type of chest should be noted, whether long, flat and hollow, whether the shoulders are sloping and of unequal height, and whether

the scapulae have the wing-like projection. The thoracic perimeter should be obtained by adding the circumference during forced inspiration to that of forced expiration divided by two, and should not be less than half the height of the individual. The respiratory movements should be noted, observing the character and frequency of the excursions, and taking especial note of any lagging.

Before proceeding further it will be well to consider for a moment the normal difference between the physical signs obtained from the two sides of the chest upon examination.

To begin with the right primitive bronchus is larger, shorter and more horizontal than the left, and enters the lung higher up than the left. It is therefore evident that a larger volume of respiratory air enters the right bronchus, and in a more direct manner, hence we may expect to find the respiratory murmur in this region more tubular in quality than on the left side; that is to say, the respiratory murmur instead of being vesicular, is broncho-vesicular. This broncho-vesicular respiratory murmur is heard principally in the right subclavicular region. In this region we find also increased vocal fremitus, a slight dulling of the percussion resonance and elevation of pitch, and upon auscultation an exaggerated pectorophony, in addition to the broncho-vesicular murmur alluded to above. In other words, the physical signs of the right subclavicular (infraclavicular) region correspond very closely to the physical signs of a fairly early tuberculous infection, and what has been said of the infraclavicular region is true to a lesser degree of the right interscapular and subscapular regions. So if, in examination of a suspected chest, we find that the two sides are the same, or that there is a little difference in favor of the left side, it is more than likely that there is a pathologic condition of that side.

However, it is now generally conceded that slight dullness and a rise in pitch is not the *earliest* percussion evidence of tuberculous infection of the lung. With the refining of the science of physical diagnosis the trained ear has taken a step forward. It will be recalled that these early lesions are deeply seated, and that their first effect is to produce a slight relaxation of the tissues, which consequently become somewhat tympanitic or hyperresonant. Hence, the *first* percussion evidence of the disease is a hyperresonance, or slight tympanicity.

Auscultation furnishes the most reliable information. We should first listen to the respiratory sounds under normal respiration, noting the length of inspiration and of expiration, and whether or not the latter is prolonged. The sounds should then be listened to under deep inspiration.

The first respiratory evidence is manifested by feeble breath sounds, or a slightly roughened apical respiratory murmur audible on expiration, or a prolonged expiratory sound, with a slight increase in intensity. As the consolidation proceeds the sounds become bronchovesicular and later bronchial, and we will find also, as the accompanying bronchitis increases, subcreptant rales and at the acme of inspiration crackling rales. Auscultation while the patient is made to cough is another valuable method, magnifying any existing intensity of the breath sounds, and often developing rales that would not otherwise be heard. Auscultation of the voice is valuable in confirming the previously obtained signs. Any area where there is the slightest consolidation will show a slight increase in vocal resonance, and as the consolidation advances this intensified resonance is replaced by bronchophony.

The most usual sight of the initial lesion is near the apex of the right lung, but this is not always the case, and we should not be satisfied with an examination of the apices only, but should go carefully over the entire area of both lungs.

The examination of the sputum in this stage of the disease is valuable as a positive sign only, for it often happens that the bacilli do not appear in the sputum until the local lesions have made considerable headway, and this is especially true in my experience where there is a tendency to hemorrhage. The method I have found most accurate is that of Muhlhauser-Czaplewski. The sputum is shaken in a large glass tube with four to twelve times its volume of one-half per cent. sodium hydroxide solution, until a thin homogenous liquid, free from all particles of solid matter, is obtained; it is then placed in a porcelain dish over a free flame and brought to a boil, after which about two drops of phenolphthalein test solution are added. Next, five per cent. acetic acid solution is added till the red color disappears, being careful to add only a drop at a time and to stir very thoroughly after the addition of each drop, as one drop too much of the acid solution would cause a heavy precipitation of mucin and defeat the objects of the entire pro-

cess. The liquid is now diluted with about an equal volume of alcohol or water, and the whole passed through the centrifuge, when the sediment from the entire amount can be collected, mounted on a slide, and stained and examined in the usual manner.

If further evidence is desired recourse may be had to the serum test, which I will not discuss in detail. The Roentgen ray also has its advocates, but its practical utility is doubtful.

The potassium iodide test is based on the fact that the drug is eliminated largely by the bronchial mucous membrane, thus increasing the amount of the bronchial mucus, principally by the addition of water, and in this way developing rales that had not previously existed, or intensifying those which had existed. It should be given in 3 to 5 grain doses, thrice daily, for two or three days.

As to prognosis. "'tis true; 'tis pity, and pity 'tis, 'tis true" that a man's chances for life often closely parallel the size of his bank account.

A laborer, e. g., who has long hours, and poor food, and who works in superheated or dust-laden air, and has to keep at it for his daily bread, is doomed. This has always been to me one of the saddest of sights, to see a brave fellow who knows he has his death blow, go plodding and toiling on, day after day, and day after day drawing nearer to the inevitable end, when a few dollars—the price of a brooch, or a ring, or a reception—would at least give him a fighting chance for his life. In other cases a great deal will depend upon the patient himself. For instance, I know a man at present in the west. who, notwithstanding the fact that he has lesions in his throat, persists in smoking cigarettes. You can't even hope to cure that kind of a fool, and you would be throwing time away to attempt it.

To sum it up briefly: If a case is taken in its incipiency, and the individual is so situated that he can give the proper amount of time to rest, sleep and judicious exercise, as the requirements of the case demand; has the proper kind of food, and enough of it; and has a physician capable of giving him the proper medical and hygienic advice, and *seeing to it that that advice is taken,* that man has just as good chance for ultimate recovery, in my opinion, as if his malady were lobar pneumonia instead of pulmonary tuberculosis.

Home Care and Feeding of Phthisical Patients.*

By W. C. Gewin, M. D.

Birmingham, Ala.

God lent his creatures light and air,
And waters open to the skies;
Man locks him in a stifling lair,
And wonders why his brother dies.

—*O. W. Holmes.*

The diagnosis of the patient having been settled, also the fact that the tubercular sufferer must for various reasons remain at home, there arises a peculiar relation between his physician and himself—that of perfect co-operation springing from entire confidence on the part of the patient and "grim resolve" on the doctor's part. The patient should realize that his condition is serious but that he has a good chance to recover if he will display perseverance and fortitude.

It is easily understood that a patient of this kind should have the best lighted, best ventilated room in the house—a southern exposure being preferable. Carpets, curtains and all unnecessary furniture should be removed. The bed should be the best possible, the mattress smooth, good springs and sufficient cover not too weighty. Comfortable chairs and cots might be easily arranged on veranda (joining the patient's room) for outing. If patient's temperature is normal most of the time, walking in open air should be indulged in moderately.

Absolute rest, mental and physical, also sexual, must be strictly enforced if fever is present, if pulse is fast or coughs prevalent. These symptoms usually most troublesome, will respond promptly to this "rest and open air treatment." When fever is present and persistent, cold sponging with complete rest in bed is the best means of controling it. Drugs that reduce fever are not admissible. Avoid everything, such as talking, laughing, sitting up, crying, seeing visitors, etc., that taxes the energies of the patient.

The cough rarely requires anything to control it further than rest and fresh air. If expertoration is not free and easy give ammonium car-

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bonate in medium doses. If patient's rest at night is disturbed by coughing a little codein or heroin might be given. Get good drainage from the lungs and sweats need not then be dreaded. Should they occur, "rest" is to be again prescribed.

Treat "digestive disturbances" as you would in other cases—thorough elimination by the bowels, kidneys and skin. Examine the urine weekly. Calomel in small doses is very beneficial, and should be given regularly once a week.

Loss of appetite is a trying symptom both to patient and physician. Strychnine or bitter tonics may restore this condition.

Diarrhoea may also prove troublesome. If it is due to intoxication from the pulmonary lesion or indigestion, rational treatment will control it. But if it is due to actual intestinal lesion little can be hoped for.

The most alarming condition is hemorrhage from the lungs. "Prevention is better here than cure." Horse-back riding, rapid walks and even deep respiratory efforts must be forbidden. Put patient at absolute rest by giving morphine hypodermically if rest can be obtained no other way. Use the gentle chest examination to locate bleeding point and place an ice bag over it. "Atropin may be of value because of its tendency to cause dilation of the peripheral vesse'ls and in this way relieve local high pressure in the lung. Ergot is of no value where contraction of the muscle of bleeding vessel is looked for. The muscle is degenerated and cannot contract."

The personal hygiene of patient is important. When there is no high temperature and the pulse is not fast the patient may take a cold sponge-bath every morning. This should be done quickly and the body well rubbed off with a coarse towel. This cold sponging is, if the patient reacts well to it, to harden and serve as a tonic. In those cases where they do not react well the nurse should give a light sponge in bed carefully avoiding tiring or shocking the patient. A warm cleansing bath should be given weekly.

Keep the mouth as clean as possible, rinsing it out with a mild antiseptic before each meal.

The handling of sputum is a serious question. Use a sputum cup if possible. Cuspidors are dangerous. Where sputum cups are not available, expectoration on thickly folded paper or on small pieces of soft cloth and burning the same afterwards is a safe method.

Always encourage a liberal, nutritious and easily digested diet. The object is to give the patient a sufficient quantity of nourishment to meet his ordinary bodily demands and also counteract the loss caused by the disease. "This loss is largely proteid in character, hence a liberal supply of proteids must be furnished in the dietary." This liberal diet does not consist merely of "meat, milk and eggs." In glancing over one week's bill of fare at a Massachusetts' State sanatorium we discover that fruits, vegetables prepared in various ways, meats of several varieties, cereals and sweets are prescribed as regular diet, with lunches of milk and raw eggs at 10 a. m., 3 and 8 p. m. Forced feeding is not advisable unless appetite is entirely wanting.

For Alabamians, I think the question of carrying their friends west or off to some great distance should be settled easily. I think they can be cured a few miles out from Birmingham on a mountain just as well if not better than they can in the above said west:

1. Because they are left here near their families (even those from remote places in Alabama) where they can be visited as often as is advisable.

2. They can get just as much fresh air as they need.

3. Altitude is not so high as to affect heart or put a severe strain on respiratory tract. People of Alabama are accustomed to an altitude of from 500 to 600 feet. When patients running a temperature and with impaired lungs are taken from this altitude to one of 6,000 feet, the difference is too great a strain on the respiratory tracts. The thing to do is to keep them in a moderate altitude, give them proper sanatorium care, and they will improve much more readily.

The State and Municipal Control of Tuberculosis.*

By R. B. Harkness, M. D.

Birmingham, Ala.

Preventive medicine, although as old as medical science itself, was only placed on a practical working scientific basis after the germ theory became a demonstrated fact. Until this time, the profession had groped blindly in the dark, trying to ward off the blow of some mysterious

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powers that dealt destruction and death on every hand. We have only to hark back a short distance to find the public health service striving with desperate futility to stay the onward march of yellow fever, by resorting to brutal shot-gun quarantine, and equally useless fumigation of fomites.

The youngest among us can remember whole families doomed to a certain death from tuberculosis, because descended from a tubercular parentage. This evil prophecy was too often realized, especially when the same musty domicile sheltered successive generations of unfortunate victims.

Tuberculosis is, undoubtedly, the most widespread of the infectious diseases; its mortality embraces ten to fifteen per cent. of the total death rate. Of those dying between the ages of fifteen and thirty years, tuberculosis claims one-fourth. Its morbidity cannot be reckoned, as practically every human being has contracted tuberculosis in some form, before reaching the half century mark.

It is paradoxical that the fearful inroads of this preventable disease should be viewed with such apathy as we observe on every hand. This attitude is partly a relic of the helplessness of the dark ages and partly the psychic effect of over stimulation, a law whose effects may be seen on every side. The soldier, after constant exposure to danger, becomes immune against fear; the inebriate no longer responds in a physiological manner, to his drug; so, mankind views, with complacency, the ravages of a disease which, though clearly preventable, continues as it has done for ages, to take fearful toll of human life.

In contrast, note the wildest fear and earnest effort which the inroads of any of the less frequent and less deadly infections excite. However, the time is now ripe for an awakening of the people from this attitude of lethargy, and it is well for us to consider the best means of bringing about scientific co-operation of all the forces that may be marshalled against this hydra-headed evil.

The subject assigned me, was "The State and Municipal Control of Tuberculosis," but as State and municipal governments only represent, or are intended to represent, the voice of the people, it would have been better to have said, "The Control of Tuberculosis by the People," for the whole scheme is clearly dependent upon aroused public opinion. Upon the medical profession rests this responsibility,

The two great truths that must be spread broadcast are, first, and most important, that tuberculosis can be prevented:

1. By destroying the sputum of all known or suspected tubercular subjects.

2. By strict regulation of all promiscuous expectoration.

3. By the carrying out of general hygienic measures, such as thorough ventilation, keeping down dust, prevention of overcrowding.

4. Through routine inspection of all domestic animals known to be susceptible to tuberculosis.

Second. that tuberculosis may be cured:

1. By carrying out the regulations already mentioned.

2. By absolute rest, fresh air, and forced feeding.

The avenues through which this knowledge can be diffused are the public press, the pulpit, the lecture platform, the school, and the home. Nor, must this campaign be one of intermittent effort, but these facts must be kept constantly before the public, hammered in, as it were, day after day, year after year, line upon line, precept upon precept, for in this way alone can widespread public interest be aroused and held.

So much for the general idea.

Before going into consideration of any plan for a practical working campaign against tuberculosis, the following axiom may be laid down: No man has any more right to infect his neighbor with tuberculosis than he has to spread the infection of smallpox or of yellow fever. If this be accepted as it doubtless will, there follows the obvious corollary that the organized health authorities have the same right for interfering in one case as in the other. However, it must be borne in mind that the tubercular patient is not necessarily a menace to those around him.

Another point that may be emphasized here is the fact that to make possible a successful warfare against tuberculosis every doctor must be educated up to the efficiency of diagnosing this disease in its early stages.

This brings us up to the point of considering a practical working plan for the control of tuberculosis.

1. We must have compulsory notification, for, without being notified of the existence of a disease, the health officials cannot institute measures to control its spread.

2. We must have a complete system of inspection by specially trained medical men and nurses, who shall determine whether or not a patient is putting the health of others in jeopardy, and if so, what measures are to be instituted to remedy the conditions found. These measures would include:

1. Distribution of literature in home.

2. Personal instruction in prophylactic measures, distribution of sputum cups and such other supplies as are necessary.

3. Isolation of patients at home, or removal to hospital, when such measures are deemed necessary.

4. The establishment of sanitariums for the treatment of tubercular patients. There should be one of these institutions convenient to every town or city of any considerable size. These institutions should be made as nearly self-sustaining as possible. Such patients as are able should pay their actual expenses. In no case, however, should there be made any discrimination between pay, part pay, or charity patients in the facilities offered them. In this way alone can a strong, popular prejudice against our poor houses be overcome.

5. There should be public dispensaries at which those who have home facilities and yet are not able to pay for medical attention may receive treatment.

6. There should be a complete system of food inspection with especial reference to meat and milk inspection—especially is tuberculosis liable to be spread by milk. Bovine tuberculosis is believed to be comparatively rare in the South, but the tubercular test has not been generally or systematically applied to dairy cattle. Each individual of a dairy herd should receive this test once annually, and no cow should be added to the herd without having been subjected to it.

7. The suppression of nostrum advertisements.

While it may be said that the working plan here offered anticipates the ideal, yet it is true that commonplace attainment is only achieved by striving for the ideal. The one thing insisted upon as being immediate-

ly available is a thoroughly organized energetic campaign for public education, as it is only through such means that any effective plan can ever be worked out. When we get public interest thoroughly aroused, the medical profession will not fall far short of securing such reforms as are needed.

The Management of Normal Puerperium.*

By Robt. H. Hamrick, M. D.

Pratt City, Ala.

The puerperium or puerperal state begins at the completion of the third stage of labor and continues to the time when the uterus has returned to its normal dimensions.

The period of time required is in a majority of normal cases about six weeks.

The action of the recuperative forces of nature is seen to a very great advantage after a normal labor.

As a rule one recovers from the trying ordeal of confinement much more readily than would be expected.

Immediately after delivery there is natural tendency to rest and sleep, and from this repose the woman wakes in a state of perspiration and feeling much refreshed and strengthened.

Presuming a woman has been confined in a well selected and suitable room free from foul odors, gases and dust, well ventilated and where the sunlight has free access to the windows, all of which adds very materially to the recuperative forces, comfort and contentment of the patient during the secluded period, she should remain there. Also we will suppose she has had a normal labor, third stage completed, properly cleansed and dressed, with the usual antiseptic vulva pad, the abdominal binder applied and put in a properly dressed bed, then allowed to take the first rest mentioned above. At this stage begins the management this paper is intended to cover.

On awakening from the first repose, or having had a rest, a small quantity of nourishment of a form easily ingested and a quality readily digested adds to the strength and recuperative forces of the patient.

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*Read before Jefferson County Medical Society, March 15, 1908.

In regard to feeding: just consider for a moment the retrograde changes going on in the uterus and adjacent organs, also of the extra accumulated fat throughout the system, so we readily see that a full diet for the first ten days is not necessary; and then if we think of the exhausted condition of a woman after a rather tedious confinement we will also see that the antiquated starvation diet does not serve the best interest of the case, consequently a restricted diet is the plan I advise.

After lactation has become thoroughly established, the breast passed through the congested stage, a slightly increased diet may be allowed until about the end of the second week, then an almost normal diet, compatible with digestion, is given that would be suitable for most any one confined to the room.

Just here instruction should be given to the nurse in charge regarding visitors allowed. Among the better class it is not difficult to restrict the number of visitors and have orders obeyed, that is, having the patient remain quiet and not receive many callers for two or three weeks; in other words she should not be molested with the usual gossip of the community and excited over the fashions and bargain counters so attractive to a great many, but left to rest and recuperate her former health and vigor in the quickest possible time.

This is not the case among the lower classes. It is not uncommon to visit a woman early in the puerperium and find her restless, with a rapid pulse, anxious expression and elevated temperature, and on inquiry it is learned that a constant stream of lady friends has been pouring into her room with minute inquiries into the particulars of the case, and often with gloomy forebodings as to the result based upon their recollection of just such a case which has ended fatally. Such occurences as these should never happen, but I dare say a goodly number present have had a similar experience; consequently we should strive to prevent the unwelcome visitors by calling attention at each visit to the importance of remaining quiet and excluding callers from the sick room.

Asepsis should be the watch-word during the puerperium. The vulva pad should be changed as often as it becomes soiled, usually about every four hours during the first few days, and the odor of the lochial discharge noted at each dressing. A properly fitting abdominal binder should be worn, and the patient should rest on her back for the first few days a greater portion of the time.

The bladder should be catherized at the expiration of twelve or fourteen hours in cases where they are not able to void the urine normally. This should be done at least every twelve hours until the patient is able to empty the bladder without the use of the catheter.

As we all realize the great importance of cleanliness in this procedure it is hardly worth while to speak of the precaution here.

The bowels should be evacuated on the second day and daily thereafter. If it is necessary to use a laxative, there are a number of efficient drugs to select from, and when the desire to defecate presents itself a warm soap suds enema adds to the ease and comfort in passing hard foecal matter.

In evacuating the bladder and bowels in most cases I allow them to assume the sitting posture, with a chamber placed under them in bed, or after a few days allow them to slide off the bed on a commode sitting by.

By assuming the upright position a great many may be able to urinate who cannot in the recumbent position, thereby obviating the necessity of using the catheter, a point well worth considering as most women are glad to get rid of this annoying procedure, also in assuming the upright position for this purpose the womb drains itself at the same time, thereby lessening the danger to sapremia. At present I cannot recall any ill effects in my experience from this plan.

Attention to the breast should not be overlooked. The nipples should be kept clean. After each nursing they should be cleaned with castile soap and water or a boracic acid solution, then anointed with sweet oil.

Usually about the third day lactation is beginning to be pretty well established and the breast becomes swollen and painful. For this condition an active saline should be administered, the breast supported and as well evacuated as possible. For this purpose the baby's mouth applied every two hours exceeds anything else. Usually a sterile flannel wrung out of comfortably hot water and applied to the breast adds comfort to the patient. If the baby fails to empty the breast sufficiently artificial methods have to be resorted to, such as the breast pump, massage, etc.

As to medicine in the management of normal puerperium, there is very little medicine indicated. A few doses of fluid ex. ergot during

the first twenty-four hours in multiparus women is probably advisable, later on tonics if indicated by the case in charge.

Laxative as needed to keep the bowels in a normal state of action and some nerve sedative, if required by a nervous woman, is about all I find necessary.

The border line between physiological and pathological puerperium is not sharply defined. Though we speak of physiological, it borders so closely on pathological that very little is required to bring about this change; hence the importance of, at each daily visit, inquiring into all the details of the past twenty-four hours. Note the pulse, temperature, respiration, condition of the breast, uterus, and lochial discharge, its odor, amount, color, etc., whether or not the bowels and bladder have been evacuated and how many times, and about the after pains; also if the patient has slept well, and last, but not least, never forget to inquire about the baby.

In case of a normal puerperium daily visits for the first week or ten days should be made, and thereafter at less frequent intervals, and finally before the case is dismissed it is a good plan to make a vaginal examination to ascertain if there is any abnormal condition that will require further treatment either paliative or operative, and if so, inform the patient, thereby saving ourselves of criticism from some unscrupulous doctor whom she might perchance consult.

"Rectal Anasthesia." *

By Wm. Thompson Berry, M. D.

Birmingham, Ala.

While in New York City on Aug. 10, 1907, attending a surgical clinic held in the Roosevelt Hospital, I was somewhat astonished to see a patient wheeled into the operating room, placed on the operating table, and a large "goitre" removed without any anesthetic being given, except by the rectum. This was about the first time Dr. Charles H. Peck, the efficient adjunct attending surgeon, to the Roosevelt Hospital had attempted a major operation by rectal anesthesia. He stated before be-

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*Read before the Jefferson County Medical Society, March 30, 1908.

ginning the operation that he didn't know how the method was going to work, as he was just giving it a trial. To the great satisfaction of all present, and especially to the operator, the result was all that could possibly be desired.

The patient after once under the "ether," which took about ten minutes, never regained consciousness until the operation was completed and dressing applied.

It is thought this method of anesthesia does inconvenience the surgeon least, and at the same time reduces the bad after effects of the anesthetic and lowers the mortality. While rectal anesthesia is as yet in its experimental stage, we can see in it a great many advantages over our usual 'lung anesthesia." At a glance, we can note its usefulness and great value in any prolonged operation about the head, neck or thorax; where the surgeon desires as little interference as possible. By not being interrupted, the operator can finish his work in about half the time he ordinarily would do, under our present method of anesthesia. The bronchial irritation and accumulation of mucus in the throat is avoided by giving "ether" by rectum. Your patient is not, as a rule, nauseated in the least and regains consciousness quickly. The rectal absorbing surface does not always take up the "ether" fast enough to keep the patient surgically "etherized" in every instance, especially in a hard patient to anesthetize, but this disadvantage I feel sure will be overcome in due time. When a case of this nature is met with it may be overcome by giving a few inhalations of "ether" at intervals of ten or fifteen minutes.

As soon as a medium better than air is found that will hasten the absorption of the "ether," we may expect a more universal use of rectal anesthesia. Nitrous-oxide gas has been used as a medium for the "ether," but it did not prove of any advantage over the air. The old method of boiling the "ether" and allowing the vapor to be forwarded into the rectum by an ordinary hand-bulb proved to be of no avail, because of the great condensation of the ether and subsequent "proctitis."

The simple apparatus that is at present being used consists of a rubber bulb, a large bottle to hold the "ether," rubber and glass tubing, and a rectal tube. The bottle should have a rubber stopper with the perforations, through which should run two glass tubes, one going to the bottom of the bottle. Fill the bottle one-half full of "ether" and place

it in a bucket of warm water, at a temperature of between 80° and 90° F. If the temperature goes over 90° F, the "ether" will boil, and will cause an inflammation of the rectum; if the water goes below 80° F, the "ether" vapor will not be concentrated. The rule, as practiced by Dr. Peck, is to have the patient started with "ether" inhalations for a few minutes, and then completed by the rectal method. It is better to place a sand-bag under the patient's thighs and insert the rectal tube about nine or ten inches.

You can easily distend the rectum by pressing the handbulb. By compressing the rubber tube near the bulb, the gas will escape from the rectum by the return "Y-shaped" glass tube, which is attached to the rectal tube. This should be done as often as every fifteen minutes, for it seems to aid absorption of the "ether" vapor. The tubing may be easily attached to the operating table by means of zinc-oxide plaster-strips. As soon as the operation is finished, the gas is allowed to escape completely. The patient must be prepared thoroughly by cleansing the alimentary tract before using "ether" by the rectum. I remember a few of the cases in which Dr. Peck used rectal anesthesia:

Case 1. Woman, age 40, enlarged thyroid gland—thyroidectomy was done in thirty minutes. Operator was uninterrupted in the slightest, the "ether" was readily absorbed by the rectum and only about two ounces was used.

Case 2. Man, age 20, un-united fracture of shaft of femur, "ether" started by inhalation for a few minutes, and rectal anesthesia used the remainder of the time, which was about forty minutes; 2 1-2 ozs. ether was given. No interruptions of any kind.

Case 3. Man, age 22. Undescended testicle—complete success obtained. Time of operation 30 minutes, about 2 oz. ether used.

Case 4. Woman, age 23 years. Laparotomy for gall-bladder disease. Time of operation about 40 minutes, about 2 1-2 oz. ether used. Complete success. The physiology of anesthesia ought to be understood and its ill effects known, as far as possible, by the doctor who gives the anesthetic, whether by the rectum or by inhalation, as either way is attended by more or less dangers. A good anesthetist should be conversant with all present rational methods of anesthesia; he adds comfort

and safety to a patient and allows the operator to give his undivided attention to the operation.

I bespeak, in closing this paper for a more careful investigation of the administration of "ether" per the rectum, believing that it merits a sincere consideration. No one method of anesthesia, as yet has supplanted all other methods, nor do those who have tried "rectal anesthesia" make any such claim for it, but that it is true that it has so far proved to be an easy and smooth method of anesthesia, as well as causing the least amount of disagreeable experience to the patient—the post-operative comfort to the patient, which it assures warrants it to be given a sincere trial.

President's Annual Message.*

By J. F. Alexander,

Blocton, Ala.

It is not without some hesitation and personal misgiving that I address you gentlemen of the Bibb County Medical Society in an attempt to suggest a policy, for I realize the difficulties inherent in this most intricate of problems in which are bound up some of the most subtle questions of psychology, of public expediency and of law.

Few, if any, problems are ever settled for all time. New data accumulates, our knowledge grows, conditions change.

In conformity with their progress it is incumbent on us from time to time to readjust our conceptions of our procedures.

This is as true in matters of public policy as in medicine and other sciences.

As a medical man I do not venture to discuss the laws of the land. That is the province of the jurist. I shall only briefly outline the work of the society and make a few recommendations.

The chief aim and labor of this society has been directed first, to the protection of the general public; second, the advancement of the medical profession.

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*Read before Bibb County Medical Society.

Health, strength and life are jewels that soar high above the reach of commercial valuations; they are to man's physical existence what Faith, Hope and Salvation are to be his spiritual nature.

We should be congratulated on being spared the necessity of guarding our county against the ravages of infectious and contagious diseases, and even more fortunate are we in having a wide-awake and thoroughly competent health officer under whose supervision we need not fear any long standing epidemic.

From medical ignorance we have step by step progressed to a higher degree of learning and proficiency. From medical chaos and disintegration we have advanced to that point of order, system and organization which attracts the attention of the entire medical world.

The time has been when a trained and highly educated doctor stood as an isolated personage. Now they swarm the streets of cities and towns and even remote parts of the country.

Our medical colleges have so gradually raised the standard of requirements until now it is necessary to have a reasonably good literary education and attend four five full courses in a medical college before applying for graduation and to which we owe our present high professional standing.

The last legislature abolished the county medical examining board which was a great victory for the profession. We can now hope to see even better men than ever before granted license to practice the profession, by virtue of the State board examination.

This condition of affairs in my judgment is largely due to the persistent efforts on the part of the members of the county societies. I earnestly recommend that this society place on record its full endorsement of this measure and ask our representative and senator to see that the bill is not repealed.

It would probably not be amiss to add that the objects and aims of the medical profession are more thoroughly understood and appreciated by the layman than ever before in the history of medicine.

Thus armed we can rest secure from the attacks of quacks and charletans who are hostile to our profession. The American people have learned as never before the sterling worth of the Southern doctor.

When we note the fact that Dr. S. Weir Mitchell at the age of seventy-seven continues to write attractive and creative serial stories, we intuitively think of Dr. Osler's saying, "May the grand old men of the profession continue to hold front rank!"

"Physicians of all men are most happy; whatever good success soever they have, the world proclaimeth it; and what faults they commit the earth covereth."

We have enjoyed a very prosperous year. Our achievements have been many. The bill regulating the practice of medicine in Alabama is full of good things, and let us hope that within a short time we can point with pride to the coming perfection of the profession in this county.

While our meetings have been good, yet there seems to be a lack of interest shown by some of the members. Now let us strive to attend its meetings more regularly and thus make 1908 the brightest and best year in the history of the Bibb County Medical Society, which can be easily accomplished if each of its members will respond to the requests of its officers, willingly, cheerfully and with promptness.

I cannot conclude my remarks, gentlemen, without expressing my sincere thanks for the earnest co-operation and loyal support of the members of this society, and I assure you that whatever success attended these meetings is due to your prompt and courteous response to my requests and your fidelity to every duty imposed upon you.

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Jan 30, 1908.

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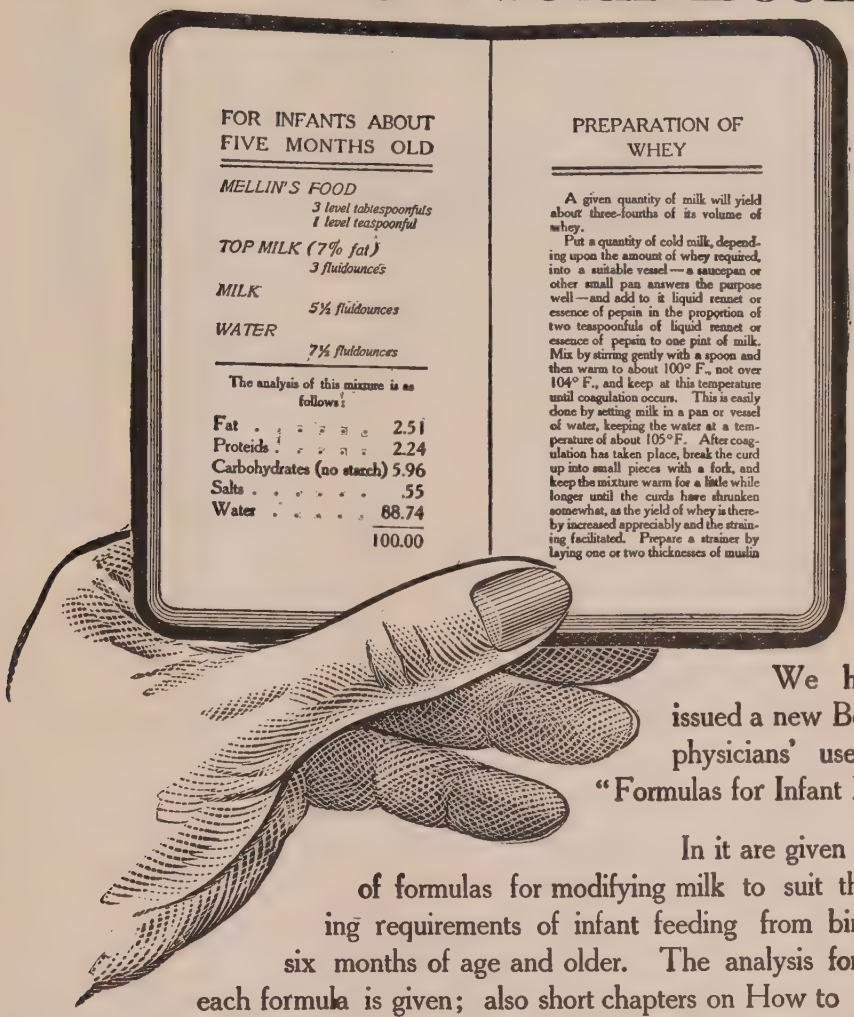
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Proposed Changes in the Constitution of the State Medical Association.

In recent years certain adverse criticisms have been made from time to time, which not only reflect upon the plan of organization but also upon the character of the work which the State Medical Association has done for so many years, that we deem it not inappropriate at this time to discuss briefly, dispassionately and without prejudice some of these criticisms, and endeavor to analyze some of the complaints which bob up at each annual meeting of the Association. We are glad to say that this feeling of hostility to the present plan of organization is confined to a relatively small number of members of the profession, and that the disaffection, if you please to term it such, is not wide spread, but limited to a few who have for several years advocated very radical changes in the constitution. It has been noted that the desire for a change is largely among those who have never been active supporters of the Association and who rarely attend the meetings

and who have never taken the trouble to inform themselves as to the excellent work which has been done. The profession as a whole in the various county societies has always manifested a keen interest and loyalty to the State Association, which is indeed commendable. We regret to have to say that the center of agitation is in the Jefferson County Medical Society, by far the largest society in the State. There are some men in this society who desire to see, and insist upon, a complete change in the plan of organization, going so far as to advocate the abolition of the college of counsellors and giving the right to vote and hold office to any member of a county medical society. Why this sentiment should prevail we are not prepared to say. It may be due to the fact that the Jefferson County Medical Society is a very large one, numbering among its members so many able, capable and ambitious men who desire promotion in their profession, and under the present plan think that this is entirely too slow. They should remember that all things, even honors, come to him who knows how to labor and to wait. It must be remembered that the State Medical Association was organized for a specific purpose, not as a purely scientific body of men. The plan differs widely from that of the majority of the State medical societies, due to the character of the work which was undertaken. It was not organized for the purpose of advancing the ambition and interests of any particular section of the State, but the profession as a whole. It is not a political body in any sense, and in its organization all the methods resorted to by the politician have been carefully eliminated. Its founders showed great wisdom and foresight in limiting the representation to two delegates from each county society and in establishing a college of counsellors limited to one hundred picked men, constituting, as the lamented Cochran often said, "the standing army of the Association;" able, faithful and tried men, distributed by congressional districts equally throughout the State; men who could be depended upon to devote both time, money and influence to the service of the Association in any emergency which might arise. The wisdom of this plan has been clearly demonstrated on many occasions when the whole plan of medical organization has been threatened by adverse legislation, and but for the efficient work of the counsellors who stood like watch dogs in the halls of legislation many of the best laws for the promotion of the public health and welfare of the people of the

State as well as the medical profession itself would have been repealed, and chaos and disorganization would have been the result.

Let us consider a moment the first object of the State Medical Association as stated in Article 1, Section 1, of the constitution, which reads as follows: "To organize the medical profession of the State in accordance with the principles and plans herein embodied." And just

W. P. McADORY, M.D., Birmingham, Ala.

Orator M. A. S. A., Montgomery, 1908.

here lies the whole bone of contention. It is contended that the plan of organization in limiting the privilege to vote and hold office to one hundred counsellors and two delegates from each county society is defective, unfair and without equity, on account of the fact that a large proportion of members of the profession, men in good standing in the county medical societies, are practically disfranchised and have no vote in the control of its affairs. It is also contended that taxation

without proper representation is unjust, undemocratic and should not be tolerated in a free country devoted to republican institutions. Let us see what is in these complains, and what would be the effect of the adoption of the changes suggested. We deny, in the first place, that there is under the present constitution taxation without representation. Each member of a county society is taxed one dollar, for which he receives one copy of the Transactions, worth twice the amount. The representation by two delegates to each society is, in our opinion, amply sufficient when the good of the Association is considered. They not only look after the interests of their own society, but take part in the transaction of whatever business comes before the meeting, and in the selection of officers. In all deliberative bodies the same plan of representation as outlined in the constitution obtains. Each subordinate organization sends a limited number of delegates to the annual meeting of the State organization. It is necessary and essential to do efficient work and dispatch business that the right to vote be limited to a comparatively few men. When an organization becomes so large and unwieldly as would be the case if every member of a county medical society be allowed to vote, the work would be more or less impeded, discord and dissension would arise, and the chief objects of the Association would be defeated. We contend that it is neither expedient nor good policy to increase the representation. The American Medical Association some years ago became so large that it became necessary to limit the number of representatives from each State who were to transact the business of the Association and as a result the House of Delegates was established. Let us suppose, for the sake of argument, that the State Medical Association should abolish the present constitution and adopt a new one, which would give the right to vote to any member of a county society; or, suppose the resolution adopted by the Jefferson County Medical Society at a recent meeting proposing an increase in representation to one delegate for every fifteen members, and that any member of a county society be given the right to hold office should be passed, what would be the result? The Association could be controlled by two or more of the larger societies, and when the annual meetings were held in one of the larger cities of the State, Birmingham, Mobile or Montgomery, the local profession at the place of meeting would hold the balances of power and do what it pleased. The smaller

societies would feel that they were being ignored, and we would find great difficulty in maintaining many of them. There are already many of these societies which barely survive and keep up the organization.

As stated above, the objects and mission of the Association are not to advance the personal or political interests of any one man or set of men; not to build up any one, two or three societies to the detriment of the other societies composing it. To quote from the Transactions of 1875, "To construct out of the scattered members of our profession a powerful organization, and through this organization to secure concert of action and the prevalence of wise and prudent counsels, this is the mission of our Association. It is fitting that this mission of the Association should always be borne in mind by its members, so that we may appreciate our obligations and responsibilities; so that we may see clearly what our duty is and pursue it with unwavering resolution; so that each one of us may always remember that it is not for his own advancement that he is to labor, but for the advancement in honor, dignity and influence of the medical profession. It is also well that we should understand further, that the primary and principal object of the Association is not the cultivation of the science and art of medicine. Truly, this is a matter not to be neglected, and we hope to accomplish something in this direction also. But it is not this that we have chiefly at heart. Studies of this sort might, perhaps, be pursued quite as profitably and much less expensively at home. We will appreciate most adequately the real character of the Association if we regard it as a medical legislature, having for its highest function the governmental direction of the medical profession of the State, while its other functions, important as they are in themselves, are, in comparison with this, of quite subordinate rank."

In the election of the officers of the Association we should always have in mind the best men for the places. The proposed plan would not always be conducive to this. The avenue of political tricks and schemes of those with excessive ambition for promotion would be opened up. The ambition for office is an honorable ambition, and we have no fault to find with it, but only those should be selected for office who are our best men, men who have proven their worthiness to the Association by the giving of their time, money, influence and labor to its best interests. Under no circumstances should personal and private con-

siderations control in the selection of officers. To prevent this and to get our best men, it was deemed wise by our founders to select them from the college of counsellors. Surely we cannot afford to change this plan and make it more easy for men to be elected through chicanery and the pernicious methods of the ward politician. Our candid opinion is that back of all this desire for change in representation and change in the eligibility of members for holding office, is selfish ambition and the inordinate desire for promotion. These suggested changes contemplate the abolition of our college of counsellors, the revolution of our whole plan of organization, and for what? The promotion of the selfish ambition of some who are not willing to labor and to wait. We do not say that *all* who favor these changes are actuated by these selfish motives. Some *may,* from lack of knowledge of the purpose and plan of our organization, and ignorant of the conditions existing in other county societies, think they are conserving broad democratic principles in allying themselves with those who are not philanthropic. But we do believes that the movement is backed chiefly by those who have not been made counsellors and thus are not eligible for office, or those who fear that they may not be made counsellors as early as they might wish. And if analysis be made of the conditions, it will be found that in most cases they have not proven to the Association their unselfish loyalty to its interests and their determination to labor for it regardless of whether honors come to them or not. In acting on this question let us consider the motives prompting those advocating revolutionary measures. Up to the present time the Association has stood steadfast to the principles enunciated in the original constitution. Let us therefore go very slow in advocating any radical changes. The Association has accomplished much good and stood the test of time for many years; and unless for some good reason, which doth not yet appear, let us adhere to the plan of our organization which has done so much to elevate the medical profession to the honorable position which it now occupies in the State.

We are constrained to quote here the "word of warning" of the lamented Cochran, written a few years before his death, and inserted in the Book of Rules: "The Medical Association of the State of Alabama has attained under circumstances of very great embarrassment, a very high position of honor, efficiency, and influence. The secret of her suc-

cess is the unrivaled excellence of her organization, and the thoroughness of her discipline—almost like that of an army. The principal elements of her power, the throbing heart and the scheming brain that have made her great, are the College of Counsellors and the Board of Censors. If her power and prosperity are to continue these two institutions must be maintained without essential change. Two dangers confront the College of Counsellors—counsellors always to be spelled with two "lls" in spite of the dictionaries. The first of these is the reduction of the annual dues; the second is the increase in the number of counsellors composing the college.

It would be a calamity to the Association to reduce the dues. We want counsellors who are able and willing to spend money freely in our service. Money is an element of power and we cannot have too much of it. If any change is ever made in the amount of the annual dues of the counsellors it should be done by increasing the amount to twenty-five dollars for each one of them. The time will come when this can be done.

The number of active and paying counsellors is now limited to one hundred. Under no circumstances and for no possible reasons, no matter how plausible they may seem, should this number ever be increased. Ambitious men will advocate the increase in order that they may have a better chance to participate in the honors of the position; and they will argue that as the number of the doctors in the State increase the number of counsellors should be increased in corresponding ratio. This argument is fallacious, and should not be allowed to influence the policy of the Association. The position is honorable now. With the lapse of time it will become incomparably more honorable. Why is a seat in the French Academy so eagerly coveted by the great men of France? Because the membership is limited to forty.

I have inserted this word of warning here entirely on my own responsibility. I hope I will not, in consequence, be accused of presumption. I think I may claim to love the Association as no one ever has or ever will. It may be that I shall not live to edit another edition of the Book of the Rules; and I have yielded to the inclination to make a record of my convictions to be read by those who may come after me.

And with this hope, I subscribe myself very truly,"

"Jerome Cochran, M. D.,"
"Senior Censor, M. A. S. A."

The Coming Meeting at Montgomery.

The approaching meeting of the Medical Association of the State of Alabama at Montgomery on the 21st-24th inst. promises to be a very successful and pleasant one. The preliminary program recently sent out shows a good list of papers by good men both from the State and abroad. Varying from the custom, the Jerome Cochran Lecture will be delivered by a home man this year, our friend and confrere, Dr. E. L. Marechal of Mobile. We have no hesitancy in saying that he will prove equal to the occasion, and his address rank with those of Thayer, Abbe, Collins, Senn and others, who were his predecessors of recent years.

The monitor's address will be delivered by Dr. W. M. Wilkerson, of Montgomery, who will do credit to both himself and the Association.

Dr. W. P. McAdory, of Birmingham, will deliver the annual oration. Those who know his abilities along this line feel assured that his stentorian utterances will not only be pleasing to the ear of his listeners, but will be full of good sound thought.

Among the visitors who will read papers we note the following: Dr. H. D. Furniss, New York; Dr. Charles Wardell Stiles, Washington, D. C.; Dr. Thomas McCrae, Baltimore; Dr. S. A. Knopf, New York; Hon. Henry F. Reese, Selma; Dr. E. W. Peterson, New York; and Dr. Chas. H. Mayo, Rochester, Minn.

The president, Dr. S. W. Welch, has met the expectations of his friends in arranging a most excellent scientific program.

Not only will it be a treat to be in attendance on account of the scientific features of the meeting, but those of us who have enjoyed the lavish hospitality of the Montgomery County Medical Society and the local profession of Montgomery in the past, always smile with joy in the heart when the time comes around for a return there of the meeting.

So we are looking forward with great pleasure to the coming meeting, and hope that not only the delegates and counsellors from all the counties of the State can attend, but as many of the other members as can possibly do so. The Journal wishes for a successful, pleasant and harmonious meeting in the beautiful, historic capital city of Montgomery this year.

The Commencement of the Birmingham Medical College.

The exercises of the fourteenth annual commencement of the Birmingham Medical College and College of Pharmacy were held in the Jefferson Theater Friday evening, April 3d. A large audience of friends were present. This marked the close of the most prosperous year in the history of the college. The enrollment reached 150. The graduates in the medical department numbered sixteen; those in the department of pharmacy, four.

Dr. C. C. Thach, of Auburn, President of the Alabama Polytechnic Institute, delivered the commencement address, taking as his theme "The Importance of a Higher Preliminary Education for the Doctor."

The charge to the graduating class was delivered by Dr. L. C. Morris and the degrees conferred by Dr. B. L. Wyman, Dean.

The graduates are as follows: Medicine, O. C. Brake, S. S. Busby, W. C. Farrar, H. L. Hough, E. A. Hendrix, D. S. Moore, J. A. Minns, F. C. Maguire, W. A. Martin, S. F. Nash, H. E. Pearce S. Porter, S. R. Sanders, H. H. Sorrell, O. R. Sigrest and V. H. Williams; Pharmacy, D. C .Duncan, V. C. Jenkins, C. A. Knight and C. J. Reid.

The Chaille Memorial and Jubilee.

On May 19th the alumni of the medical department of Tulane University propose giving a jubilee to celebrate the anniversary of the fiftieth year of teaching service of Prof. Chaille. On this occasion it is proposed to announce the establishment of a Chaille Memorial Fund, created to memorialize the occasion of Dr. Chaille's retirement from the medical department and to perpetuate his name. This fund is to be employed to establish a chair of physiology or a chair of hygiene, to be named after Dr. Chaille. The members of the committee for this fund for Alabama are Drs. J. M. Mason, Birmingham; Wm. G. Thigpen, Montgomery, and Jas. J. Peterson, Mobile.

The American Tuberculosis Exhibition.

The American Tuberculosis Exhibition, conducted by the National Association for the study and prevention of tuberculosis, will be in Montgomery April 22 to May 2. It consists of charts, maps, models, tents and cottages, sanatoria buildings, photographs showing causes

leading to consumption, demonstrations of living in the open air, etc. While in Montgomery it will be under the auspices of the Montgomery County Medical Society and the Commercial Club of Montgomery; committee, Glen Andrews, M. D., chairman; E. B. Joseph, vice-chairman; G. G. Miles, treasurer; P. S. Mertins, secretary; E. G. Routzahn, director.

A resolution has been introduced in the Jefferson County Medical Society looking to having the exhibit in Birmingham after closing it in Montgomery.

No doubt much good will be accomplished in thus aiding to educate the people along the lines of the prevention of tuberculosis.

The American Therapeutic Society.

The American Therapeutic Society will hold its ninth annual meeting in Philadelphia May 7th to 9th. We acknowledge receipt of the program. The officers are Dr. John V. Shoemaker, Philadelphia, president; Drs. Joseph E. Janvrin, New York; F. H. Gerrish, Portland, Me., and Howard Van Rensellaer, Albany, N. Y., vice-presidents; Dr. Noble P. Barnes, Washington, secretary; Dr. Jesse Shoup, Washington, treasurer, and Dr. James M. Anders, Philadelphia, chairman committee of arrangements.

Dr. Richard C. Cabot.

Dr. Richard C. Cabot, of Boston, will visit the Jefferson County Medical Society on Friday, April 17th, at 8 p. m., and will deliver an address on "The Essentials and Non-Essentials in Physical Diagnosis." At 3:30 p. m. of the same day he will hold a medical clinic at St. Vincent's Hospital.

Following the meeting of the society there will be given a smoker in his honor. Invitations have been issued by the committee, of which Dr. Cabot Lull is chairman.

The society and the profession of this community are to be congratulated that the committee were able to secure this visit of Dr. Cabot. As is well known, he is one of the foremost physicians of the country, and has a national reputation as a medical writer and teacher. He is a member of the Harvard University Medical School.

Personal Notes.

Dr. J. A. Gray, of Pell City, was in Birmingham a few days ago.

Dr. J. F. Curtis, of Blocton, was a visitor in Birmingham last week.

Dr. Wyatt Heflin, of this city, is in Washington, D. C., for a few days.

Dr. Moody, of Shelbyville, Tenn., spent a few days in Birmingham visiting relatives the last of March. The doctor had been resting in Florida for some months.

Dr. Chas. Whelan, of Birmingham, is in Baltimore doing post-graduate work at the Johns Hopkins.

Dr. James S. McLester, 830 South Twentieth St., Birmingham, wishes to announce that he will be absent from his office for purposes of study October 1, 1907, to October 1, 1908.

Dr. B. D. Sibley announces that he has moved his office to the second floor of the First National Bank Building, rooms 227 and 228, where he will continue the practice of eye, ear, nose and throat work.

Among the recent visiting doctors in Birmingham were Drs. J. F. Alexander, Blocton; W. D. Partlow, Tuscaloosa; C. C. Oliver, Calera; Sam Perry, Marion; A. M. Stovall, Jasper; E. A. Matthews, Clanton, and W. L. Heflin, Roanoke.

We acknowledge the receipt of an invitation to attend the marriage of Dr. James Norment Baker to Miss Margurite Wiley Rice, both of Montgomery, on Wednesday evening, April 29 Dr. Baker is a counsellor and the secretary of the Medical Association of the State of Alabama, and is prominent in social and professional circles in the capital city. We extend congratulations and best wishes.

Book Notices.

Medical Gynecology. By Howard A. Kelly, A. B., M. D., LL. D., F. F. C. S. (Hon. Ed. inb.), Professor of Gynecological Surgery in the Johns Hopkins University, and Gynecologist to the Johns Hopkins Hospital, Baltimore; Fellow of the American Gynecological Society; Honorary Fellow of the Edinburgh Obstetrical Society; Honorary Fellow Royal Academy of Medicine in Ireland; Fellow British Gynecological Society; Honorary Fellow Glasgow Obstetrical and Gynecological Society; Honorary Member Royal Medical Society of Edinburgh, etc., etc., etc. With one hundred and sixty-three illustrations for the most part by Max Brodel and A. Horn. New York and London. D. Appleton and Company. Price, cloth, $6.00.

This volume is similar in style and binding to the two volumes upon Operative Gynecology, by the same author, and together with the Operative Gynecology gives the general practitioner a full and exhaustive treatise upon Gynecology from all view points. It is of special interest to the general practitioner in that the author in it reviews the special field of gynecology, and, as he states in his preface, endeavors "to return to the general practitioner that portion of it which he ought to recover by prior lien."

In the first chapter he gives an excellent description of the consulting room and gynecological examination. The importance of these subjects is emphasized by the statement that not every one realizes how important it is that the first impression made upon the patient should be a pleasant one, tending to inspire confidence in the physician to whom the patient is about to confide the most important interest in life, her health.

The chapter on the hygiene of infancy and girlhood is of special interest. In chapters three to seven normal menstruation, the menopause and the abnormal conditions of the menstrual life are considered. Interesting chapters are also those in which constipation, headache, insomnia, obesity and backache are treated, as are, too, those on displacement of the uterus, sterility, abortion and injuries and ailments following labor.

The chapter on functional nervous diseases, contributed by Dr.

Lewelleys F. Barker, offers the first explicit and detailed statement made by him concerning his method of dealing with this class of cases.

The book throughout is a most excellent one, as we would expect coming from its distinguished author. We commend it most heartily to our readers.

A Practical Guide to the Examination of the Ear. By Selden Spencer, A. B. M. D., Instructor of Otology in Washington University; Aural Surgeon to the Martha Parsons Free Hospital for Children. With an introductory chapter by H. N. Spencer, M. D., LL. D., Professor of Otology in Washington University. C. V. Mosby Medical Book and Publishing Company, St. Louis. 1908. Price, $1.00.

The author offers this little book of 66 pages as an aid to students, as well as to physicians who, from lack of opportunity, have not acquired the experience and skill necessary to conduct an examination of the ear. It is a useful volume, well gotten up and nicely illustrated.

BOOKS AND PAMPHLETS RECEIVED.

Chasing the Cure in Colorado. By Thomas C. Galbreath, with an introductory word by M. Bates Stephens. Published by the author. Denver, Colo.

The Sub Mucous Resection of the Nasal Septum. By Lee Maidment Hurd, M. D., New York. Reprint from Jour. A. M. A.

Toxemia of Prégnancy. By W. M. Jordan, M. D., Gynecologist to Hillman Hospital, Birmingham, Ala. Reprint from Jour. A. M. A.

Tuberculosis and Tuberculin Therapy. By H. K. Mulford Company, Philadelphia. An epitome of recent contributions on tuberculin by Wasserman, Calmette, Koch, Margliano, Trudeau, Baldwin, Wright, Hammer, etc.

A Plea for More Humane Treatment of Advance Cases of Tuberculosis. By Frank C. Wilson, M .D., Prof. Chest Diseases Hospital College of Medicine, Louisville, Ky.

The Sanatorium Treatment of Mental and Nervous Diseases. By Dana F. Downing, M. D., West Newton, Mass.

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(1) Metastases Following Incision of A Sarcoma. Reprint from N. Y. Polyclinic Jour.

(2) Some Phases of the Surgical Treatment of Cancer—A Clinical Lecture. Reprint from American Jour. of Surgery. By William Seam Bainbridge, M. D., New York.

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(1) Treatment of Sycosis by the X-Ray. Reprint from Med. Review of Reviews.

(2) Two Cases of Raynand's Disease With Ocular Symptoms, One Case Complicated by Sclero-derma. Reprint from The Jour. of Cutaneous Diseases.

(3) Observations on Skin Diseases in the Negro. Reprint from The Jour. of Cutaneous Diseases. By Howard Fox, M. D., Clinical Assistant Dermatological Department College of Physicians and Surgeons; Clinical Assistant N. Y. Skin and Cancer Hospital.

The Submucous Resection of the Nasal Septum. By Otto T. Freer, M. D., Professor of Rhinology and Laryngology, Chicago Polyclinic, Assistant Professor of Diseases of the Nose, Throat and Chest, Rush Medical College. Fifty Pages—twenty-four original illustrations. Published by The Journal of Opthalmology and Oto-Laryngology, 100 State Street, Chicago. Price. 50c.

This booklet is Dr. Freer's latest and only full description of the submucous operation which he has, perhaps, done more than any other man to develop.

Cosmetic Surgery—The Correction of Featural Imperfections. By Charles C. Miller M. D. Second Edition Enlarged. Including the description of numerous operations for improving the appearance of the face. 160 pages. 96 illustrations. Prepaid, $1.50. Published by the author, 70 State St., Chicago.

Obituary.

Resolutions on the Death of Dr. W. McLean Pitts.

Death is at all times sad, and is always an unbidden guest, but when its grim messenger bears away one in the full noontide splendor of a useful life it is indeed sad. Such was the case in the death of our brother, Dr. W. McLean Pitts.

As the morning dawned on that bright and happy Christmas day little thought we that ere the shadows of evening were to fall, or night had drawn her sable curtains about the joyous world, the spirit of this noble, generous physician, beckoned by the grim destroyer, would be wafted away to the other shore—"No more to linger where the sunbeams must fade, to embark upon that mysterious sea that never yet has borne on any wave the image of a returning sail." His "sun went down before its setting, not darker, but no longer seen."

We come with no empty or lofty panegyrics, but with sublimest sentiments profoundly felt we bring this humble tribute to his memory and place upon the ever living annals of his many virtues and noble traits.

We are bowed with grief at his untimely taking off and mingle our tears with those of his loved ones and friends. We cherish his memory, it shall linger with us like the perfume of sweet flowers long after their beauty has faded.

While we cannot fathom the mysterious depths or inscrutable ways of Providence, nor is it permitted us to lift the veil and with the eyes of science catch a glimpse of the great beyond and find there an explanation of the reason why in the very zenith of his usefulness this kind, gentle physician should have been stricken down and taken from our midst to dwell beneath the loving smiles of that Divine Power who gave him life and made him mortal, yet we are made to reason that "death is master both of science and of art." His untimely death has taught us that "there is nothing earthly certain but uncertainty" and convinces us of the uncertain and precarious tenure we have on life.

It seems indeed the irony of fate that he should have died. We mourn his loss as a faithful and competent companion. No more will his genial presence be amongst us, no more will his feet cross the thresh-

old of this medical society nor his voice be lifted in the behalf of suffering humanity. He has gone to consult with that Great Physician who never makes a mistake and doeth all things well.

Let us then mingle our tears with those of his loved ones and let us hang the garland of esteem upon his tomb and as the light of a lost star comes down to us for years after it is extinguished so may the memory of this noble and generous hearted physician and brother linger in sweetness forever in the heart of his friends.

Be it therefore resolved, That in the death of Dr. W. McLean Pitts the Dallas County Medical Society has sustained an irreparable loss. His valued and scholarly intercourse with its members will be sadly missed. The city of Selma has lost a good citizen, and suffering humanity a true friend.

Resolved, That we extend to his sorrowing family our sincere and heart-felt sympathy and assure them that we too cherish his memory, and bid them take comfort from the blessed assurance that he rests from his labors and is at peace safely within the portals of his Father's home beyond the dark clouds "where the rainbow never fades and where the stars are spread out like the islands that slumber on the sea."

Resolved, That a copy of these resolutions be spread upon the minutes of this society. A memorial page be set apart therefor, and a copy be sent to the family of our departed brother, also that a copy be sent to the Alabama Medical Journal and Mobile Journal for publication.

W. W. Harper, M. D.,
B. B. Rogan, M. D.,
E. B. Ward, M. D.,
Committee.

PHYSICIANS who desire to acquire a practical knowledge of the German language in a comparatively short time should apply to Professor Stahl, a native German, who comes highly recommended as an efficient instructor in German and cognate languages. Particulars given on application. Address

P. C. STAHL, 313 N. 22d St.,
Instructor in German,

Will be glad to translate from the German to English for the benefit of medical men.

Miscellaneous Notes.

REORGANIZATION OF THE EDITORIAL STAFF OF THE JOURNAL-RECORD OF MEDICINE, ATLANTA, GA.

The Editorial Staff of the Journal-Record of Medicine, now entering its 53rd year, has been increased and now includes Edgar C. Ballenger, M. D., Editor, Bernard Wolff, M. D., Supervising Editor, A. W. Sterling, M. D. and Jno. S. Hurt, M. D., Associate Editors, and the following Collaborators: Willis Westmoreland, M. D., F. W. McRae, M. D., H. F. Harris, M. D., E. B. Block, M. D., Michael Hoke, M. D., Cyrus Strickler, M. D., E. G. Davis, M. D., E. G. Jones, M. D., R. T. Dorsey, M. D., J. N. LeConte, M. D., L. B. Clarke, M. D., Edgar Paulin, M. D., R. R. Daly, M. D.

THE THIRTY-FOURTH ANNUAL MEETING OF THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

The Thirty-fourth annual meeting of the Mississippi Valley Medical Association will be held in Louisville, Ky., Oct. 13, 14, 15, 1908, under the presidency of Dr. Arthur R. Elliott, of Chicago.

Announcement has just been made of the selection of the orators for the coming meeting, by the President. The address in medicine will be delivered by Dr. George Dock, Professor of Medicine in the University of Michigan, Ann Arbor; and the address in surgery by Dr. Arthur Dean Bevan, Professor of Surgery in Rush Medical College, Chicago. The mere mention of these names is enough of a warrant that this feature of the program will be in every way first class.

IMPORTANT NOTICE.

Gentlemen:—The Charlotte Medical Journal and the Carolina Medical Journal have been consolidated. A stock company has been formed which will conduct the journal in future, on a large scale. The Journal of the new corporation will be known as the Charlotte Medical Journal, and will retain the same architectural features, business and editorial management of the present Charlotte Medical Journal.

Yours very truly,

Edward C. Register, Editor.

DR. E. P. PRUITT FOR CORONOR OF JEFFERSON COUNTY.

We are requested to announce to the profession of Jefferson county that Dr. E. P. Pruitt of Oxmoor, is a candidate for coroner. We have known Dr. Pruitt for some time and feel confident that if elected he will prove to be competent to discharge the duties of the office. He is trustworthy and full of energy. He is a graduate of the College of Physicians and Surgeons of Atlanta and a member of the Jefferson County Medical Society.

THE SOUTHERN MEDICAL JOURNAL.

We are in receipt of an announcement from Snell Brothers Company, Publishers, Nashville, Tenn., stating that they will establish a new medical journal, The Southern Medical Journal, the first issue to appear June 5th. J. A. Witherspoon, M. D., will be editor-in-chief, and W. A. Bryan, M. D., and J. M. King, M. D., will be managing editors.

The field to be covered will be the Southern States. An illustrated journal of the very highest quality is promised. With the able editorial staff announced and the push of the publishers, no doubt the expectation of a good journal will be realized.

PHYSICIANS ATTENTION.

Drug stores for sale on easy terms, etc., United States, Mexico, and Canada. Drug store positions. F. V. Kniest, Omaha, Nebraska.

NOTICE TO DOCTORS.

For Sale—A Wagner Four-plate Static Machine.

Guaranteed to be in *first- class* condition in every respect; no tarnish about it, as it has been handled carefully and given systematic attention. Get as good or better results from its use than when it was new.

Reason for selling is to get out of therapeutic x-ray work and do only surgical x-ray work. Have been in it ten years and developed an x-ray dermatitis and must quit. For price and other particulars, address or call on

J. R. Goodloe, M. D.,
Demopolis, Ala.

RHEUMATISM DUE TO GRIP.

In speaking of the treatment of articular rheumatism, Hobart A. Hare, M. D., Professor of Therapeutics in the Jefferson Medical College and Editor of *The Therapeutic Gazette,* says: Any substance possessing strong antipyretic power must be of value under such circumstances." He further notes that the analgesic power of the coal-tar products "must exert a powerful influence for good." The lowering of the fever, no doubt quiets the system and removes the delirium which accompanies the hyperpyrexia, while freedom from pain saves an immense amount of wear, and places the patient in a better condition for recovery. The researches of Guttmann show conclusively that these products possess a direct anti-rheumatic influence, and among those remedies, antikamnia stands pre-eminent as an analgesic and antipyretic. Hare, in the latest edition of his *Practical Therapeutics* says: "Salol renders the intestinal canal antiseptic." This is much needed in the treatment of rheumatism. In short, the value of salol in rheumatic conditions is so well understood and appreciated that further comment is unnecessary. The statements of Professors Hare and Guttmann are so well known and to the point and have been verified so often, that we are not surprised that the wide-awake manufacturers placed "Antikamnia and Salol Tablets" on the market. Each of these tablets contains two and one-half grains of antikamnia and two and one-half grains of salol. The proper proportion of the ingredients is evidenced by the popularity of the tablets in all rheumatic conditions and particularly in that condition of muscular soreness which accompanies and follows the grip.

CATARRH OF THE FEMALE GENITAL ORGANS.

By Justin Herold, M .D., New York City.

Catarrhal conditions of the female genital organs are characterized by a discharge. This discharge must determine whether the condition is catarrhal or whether it is due to a growth. Making your diagnosis by exclusion with the aid of the microscope, determine that it is a catarrhal condition and treat it likewise. Gonorrhea is in the majority of instances the cause of vaginitis. Vaginitis is treated first by douching the parts with a solution of Glyco-Thymoline, one ounce to a

quart of hot water, applying strips of cotton or gauze, saturated with the solution and left in place for twelve hours, even may be repeated more frequently than twice a day. This may be alternated with other antiseptic and astringent solutions. In other and severe forms of vaginitis, douching and irrigation of the parts with Glyco-Thymoline may be practiced with advantages and after the application of stronger caustic and other remedies. If the uterine mucous membrane be the seat and origin of the discharge the parts must be dilated, strong applications made, irrigated before and after to clean out all deleterious material and to neutralize the excess of the caustic or other medicament that may be employed. For this purpose I make use of irrigations of Glyco-Thymoline, one ounce to the quart.

THE BLOOD DYSCRASIAS OF PREGNANCY.

It is evident that the female economy undergoes profound alteration during pregnancy. The whole organism is subjected to unusual strain and the necessary changes in the general metabolism invariably increase the tax, not only on the constructive forces of the body, but on the eliminative functions as well. The slightest failure to throw off either the waste products incident to the necessarily increased physiological activity of the mother, or those resulting from the establishment of the more complex metabolistic processes in the fetus, always tends to create a vicious circle of blood dyscrasia that is not infrequently fraught with great danger. For instance, faulty elimination means embarrassment of the hematogenic function, with hemolytic changes more or less severe, and these conditions in turn not only coincidently increase the amount of waste substances to be excreted, but directly lower the eliminative capacity as well. In other words, the initial effect tends to exaggerate the pernicious influence of the primary cause, and the accumulative result is therefore the most dangerous feature.

Hence, it is little wonder that slight deviations from the normal during pregnancy often assume certain serious aspects that are out of all proportion to their first importance. All this teaches that comparatively slight ailments are unknown quantities when met in connection with the pregnant state, and should be treated not on the basis of their apparent significance, but on the basis of their possible dangers.

The blood dycrasias, particularly the anemias, because they are most